

**SERIAL 07077 RFP RYAN WHITE PART A SERVICES – PRIMARY HIV MEDICAL CARE –
WMD – Sun Life Health Center**

DATE OF LAST REVISION: March 16, 2011

CONTRACT END DATE: March 31, 2014

AMENDMENT #1(DTD 11/26/10) SEE CHANGES TO SECTIONS: 1.0, 2.0, 2.1, 3.1, 3.3.2, 3.3.3, 3.3.4, 3.3.5, 3.3.6, 3.3.7, 3.3.8, 3.3.9, 3.4, 3.5.1, 3.5.2 (New), 3.5.3 (New), 3.5.4, 3.6.1, 3.6.2, 3.6.3, 3.6.4, 3.6.5, 3.7, 3.7.1 (A-G), 3.8.1, 3.8.2, 3.18.1.2, 3.20, 3.21.1.1, 3.21.1.3, 3.22.1, 3.22.3, 3.22.4, 3.23.1, 3.23.2, 3.23.3, 3.23.5, 3.24, 3.25.1 - .7, 3.25.8 - .10, 3.26.1, 3.26.2, 3.26.3, 3.26.5 - .9, 3.27.1, 3.27.2, 3.27.3, 3.27.4 (New), 3.27.5 (New), 3.28.1, 3.28.2, 3.28.3, 3.29.1 - 3.29.7, 3.31, 3.33.1, 3.33.2, 3.35.3, 3.35.5 - .6, 3.46.2, 3.47, 3.53.1, 3.53.2, 3.54 – 3.54.4, 3.55.1, 3.56 – 3.56.1, 3.57, 3.58.2 – 3.58.5

CONTRACT PERIOD THROUGH MARCH 31, ~~2011~~ 2014

TO: All Departments

FROM: Department of Materials Management

SUBJECT: Contract for **RYAN WHITE PART A SERVICES – PRIMARY HIV MEDICAL CARE
– ~~HCM~~ WMD**

Attached to this letter is published an effective purchasing contract for products and/or services to be supplied to Maricopa County activities as awarded by Maricopa County on **February 20, 2008 (Eff. August 01, 2009)**.

All purchases of products and/or services listed on the attached pages of this letter are to be obtained from the vendor holding the contract. Individuals are responsible to the vendor for purchases made outside of contracts. The contract period is indicated above.

Wes Baysinger, Director
Materials Management

AS/mm
Attach

Copy to: Materials Management
Chris Bradley, Business Strategies and Health Care Programs
Rose Conner, Workforce Management and Development

VENDORS MUST ACKNOWLEDGE RECEIPT OF THIS AMENDMENT:

Signature:

Date:

RYAN WHITE TITLE 1 SERVICES PRIMARY HIV MEDICAL CARE - HCM WMD

1.0 SCOPE OF SERVICES:

Emphasis on ~~Primary Medical Care~~ **Outpatient Ambulatory Medical Care** services: Maricopa County **Workforce Management and Development** (MCWM&D) continues to emphasize more specialized care with the value of improved clinical outcomes associated with care from HIV-knowledgeable/experienced providers **and/or those provided with Ryan White Part A-initiated capacity-building opportunities**, expanded access to and availability of mental health services, and specialized medication adherence and monitoring support. ~~FY2007 funding for Primary Medical Care is \$2,113,407 (35% of allocations, an increase of 7% from FY 2006)~~

The United States Department of Health and Human Services, Health Resources and Services Administration (HRSA), HIV/AIDS Bureau (HAB) defines Outpatient Ambulatory Medical Care as the provision of professional diagnostic and therapeutic services rendered by a physician, physician's assistant, clinical nurse specialist, or nurse practitioner in an outpatient setting. Settings include clinics, medical offices, and mobile vans where clients generally do not stay overnight. Emergency room services are not outpatient settings. Services includes diagnostic testing, early intervention and risk assessment, preventive care and screening, practitioner examination, medical history taking, diagnosis and treatment of common physical and mental conditions, prescribing and managing medication therapy, education and counseling on health issues, well-baby care, continuing care and management of chronic conditions, and referral to and provision of specialty care (includes all medical subspecialties). *Primary medical care* for the treatment of HIV infection includes the provision of care that is consistent with the Public Health Service's guidelines. Such care must include access to antiretroviral and other drug therapies, including prophylaxis and treatment of opportunistic infections and combination antiretroviral therapies.

***NOTE:** The administering entity for this contract is the County's Workforce Management and Development department's Ryan White Part A Administrative Agent. The following terms will be used interchangeably throughout this document to refer to the administering entity: "Ryan White Part A", "Administrative Agent (AA)", and "Maricopa County Workforce Management and Development (MCWMD)".

~~1 Increased access to care in rural areas: Expanded partnerships with clinics in the rural areas of the EMA are being currently being developed by the Administrative Agency and the Planning Council. Cost effectiveness and service delivery challenges are being addressed to provide the improved outcomes associated with patient compliance while addressing the underserved and disproportionately impacted rural areas of the EMA. Primary care services are being competitively bid in FY2007 to increase geographic diversity of services and provide greater accessibility to medical care.~~

~~2 PLANNING COUNCIL DIRECTIVES~~

~~3 In the ongoing efforts of the Ryan White Part A Planning Council to reach the historically underserved communities, the following directives have been issued for Primary Medical Care:~~

- ~~• It is the responsibility of the Provider(s) to adequately promote the availability of the extended hours offered for this service category. For more details, see section 4.28, PROGRAM MARKETING INITIATIVES, of this RFP.~~

2.0 CONTRACTURAL ADMINISTRATIVE LANGUAGE:

2.1 REFERENCES:

Respondents must provide **in this application** (SEE SERVICE PROVIDER APPLICATION FORM) **and at the County's request at any time during the life of this contract** at least five (5) reference accounts to which they are presently providing like service **and/or to which they**

provide or receive HIV/AIDS service referrals. Included must be the name of the government or company, individual to contact, phone number, street address and e-mail address. Preference may be given to Respondents providing government accounts similar in size to Maricopa County

2.2 CONTRACTOR LICENSE REQUIREMENT:

The Respondent shall procure all permits, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his business. The Respondent shall keep fully informed of existing and future Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same.

Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1502 to ascertain licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

2.3 CONTRACTOR STATUS:

The Contractor is an independent Contractor in the performance of work and the provision of services under this Contract and is not to be considered an officer, employee, or agent of Maricopa County

2.4 PROPRIETARY INFORMATION:

Proprietary information submitted by a Respondent in response to a Request for Proposal shall remain confidential as determined by law or regulation.

2.5 CONTRACT REPRESENTATIVES:

Any changes in the method or nature of work to be performed under a Contract must be processed by the County's authorized representative. Upon the execution of a Contract, the County will name its representative who will be legally authorized to obligate the County.

2.6 FINANCIAL STATUS:

All Respondents shall make available upon request a current audited financial statement, a current audited financial report, or a copy of a current federal income tax return prepared in accordance with Generally Accepted Accounting Principles or Standards. Failure or refusal to provide this information within five (5) business days after communication of the request by the County shall be sufficient grounds for the County to reject a response, and to declare a Respondent non-responsive as that term is defined in the Maricopa County Procurement Code.

If a Respondent is currently involved in an ongoing bankruptcy as a debtor, or in a reorganization, liquidation, or dissolution proceeding, or if a Respondent or receiver has been appointed over all or a substantial portion of the property of the Respondent under federal bankruptcy law or any state insolvency law, the Respondent must provide the County with that information, which the County may consider that information during evaluation. The County reserves the right to take any action available to it if it discovers a failure to provide such information to the County in a response, including, but not limited to a determination that the Respondent be declared non-responsive, and suspended or debarred, as those terms are defined in the Maricopa County Procurement Code.

By submitting a response to the Request for Proposal, the Respondent agrees that if, during the term of any Contract it has with the County, it becomes involved as a debtor in a bankruptcy proceeding or becomes involved in a reorganization, dissolution or liquidation proceeding, or if a Respondent or receiver is appointed over all or a substantial portion of the property of the

Respondent under federal bankruptcy law or any state insolvency law, the Respondent will immediately provide the County with a written notice to that effect and will provide the County with any relevant information it requests to determine whether the Respondent will be capable of meeting its obligations to the County.

2.7 REGISTRATION:

Respondents are required to be registered with Maricopa County if they are selected for an award of any County Business. Failure to comply with this requirement in a timely fashion will cause Respondent's response to be declared non-responsive. Respondents shall register on the Maricopa County Web Site at www.maricopa.gov/materials. Click on vendors to enter BuySpeed registration screen. *Also see Exhibit 1*

2.8 AWARD OF CONTRACT:

Contracts awarded pursuant to the provisions of this section will not be solely on price, but will include and be limited to evaluation criteria listed in the Request for Proposal. The Contract will be awarded to the Most Advantageous Respondent(s). The Contract may be awarded in whole, by section, or geographic area as required.

2.9 POST AWARD MEETING:

The successful Contractor(s) may be required to attend a post-award meeting with the Using Agency to discuss the terms and conditions of this Contract. The Procurement Officer of this Contract will coordinate this meeting.

3.0 **CONTRACTUAL TERMS AND CONDITIONS**

3.1 TERM

This Contract is for the balance of a term of THREE (3) YEARS beginning on the date of contract award, or the effective date, as clearly noted in award notification documents ~~and ending March 31, 2011, concurrent with initial contract expiration date.~~

3.2 OPTION TO EXTEND:

The County may, at their option and with the approval of the Contractor, extend the period of this Contract up to a maximum of three (3), one (1) year options, (or at the County's sole discretion, extend the contract on a month to month bases for a maximum of six (6) months after expiration). The Contractor shall be notified in writing by the Materials Management Department of the County's intention to extend the contract period at least thirty (30) calendar days prior to the expiration of the original contract period. The fee for any extension period shall be subject to negotiation prior to activation of such extension.

3.3 COMPENSATION:

3.3.1 The County reserves the right to reallocate funding during the contract period so that the services provided and corresponding contract amount may be decreased or increased, via contract amendment or Task Order, at the discretion of the County.

3.3.2 **County will pay the Contractor on a monthly basis for approved services and expenses and in accordance with the reimbursement methodology determined by the County's Administrative Agent; either fee-for service or cost. The total funds paid to the Contractor will be dependent upon the approved invoice according to the Administrative Agent. County does not guarantee a minimum payment to the Contractor. County will not reimburse for fee-for-service activities when an appointment is canceled either by the client or Contractor. Contractors for missed or canceled appointments either by the service provider or the client(s). Subject to the availability of funds, County shall pay the Contractor for the services described herein for**

~~a sum not to exceed the Contract Amount listed on the cover page of this contract. County will pay the Contractor on a unit cost reimbursement basis in accordance with the Contractor's approved fee schedule, which follows. The total funds paid to the Contractor will be dependent upon the number of units of service performed by the Contractor. County does not guarantee a minimum payment to the Contractor. County will not reimburse Contractors for missed appointments by clients.~~

- 3.3.3 ~~Ryan White CARE Act funds shall not be used to finance the services of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals.~~
- 3.3.4 The Contractor understands and agrees to notify the County of any deviations or changes to any budget line of the ~~underlying~~ **current budget in place for** ~~of this contract within 30 days of such change.~~
- 3.3.5 The Contractor shall be compensated for services provided only by the staff classifications/positions included/referenced in the ~~underlying~~ **current approved** budget.
- 3.3.6 Unless specifically allowed and referenced elsewhere in this contract, all services are to be provided at **approved** Contractor sites and/or venues. Services provided at non-authorized locations or venues will not be reimbursed by the County.
- 3.3.7 The Contractor shall provide monthly financial and corresponding programmatic reports per the reporting schedule to the County. If the Contractor is not in compliance **due to** ~~because of~~ non-performance, submission of reports after deadlines, insufficient back-up statements or improperly **completed signed** forms, the Contractor may not be reimbursed **or reimbursement may be delayed.** ~~Furthermore, program non-compliance can delay reimbursement until program compliance issues and any other related financial consequences are resolved. Multiple Furthermore, instances of non-compliance with billing and reporting requirements may result in the County reducing the Contractor's reimbursement by up to 10% of the corresponding month's billing. Billing forms and instructions are included in sections 4 and 6 of the current Ryan White Part A Program Policies and Procedures Manual. Billing forms and instructions are included in sections 4 and 6 of the Ryan White Part A Program Policies Manual.~~
- 3.3.8 ~~The Ryan White Part A office will provide technical assistance to eligible applicants for the implementation, configuration and end-user support for the CAREWare database. In addition, technical assistance is made available to eligible applicants to integrate CAREWare with proprietary in-house billing systems on an as needed basis to minimize data entry efforts needed to report client level demographic and service related data. See Exhibit 3 for a sample billing packet.~~
- 3.3.9 The actual amount of consideration to be paid to the Contractor depends upon the actual hours worked, ~~and the services provided~~ **and related expenses as stated in the current approved budget and Work Plan or as modified by contract amendment or appropriately executed task order.** Any un-obligated balance of funds at the end of this Agreement period will be returned to the County in accordance with instruction provided.

~~3.4~~ **PAYMENT**

- 3.4.1 ~~As consideration for performance of the duties described herein, County shall pay Contractor the sum(s) stated in Attachment "B" **Budget Worksheet**, or as modified by contract amendment or appropriately executed "task order".~~
- 3.4.2 ~~Payment shall be made upon the County's receipt of a properly completed invoice. Invoices shall contain the following information: Contract number, purchase order number, item numbers, description of supplies and/or services, sizes, quantities, unit prices, extended totals and any applicable sales/use tax.~~

3.5 INVOICES AND PAYMENTS:

~~3.5.1~~ The Contractor shall submit **electronically to the Administrative Agent** one (1) legible copy of their detailed **monthly** invoice before payment(s) can be made. ~~At a minimum, the invoice must provide the following information:~~

- ~~3.5.1.1 Company name, address and contact~~
- ~~3.5.1.2 County bill to name and contact information~~
- ~~3.5.1.3 Contract Serial Number~~
- ~~3.5.1.4 County purchase order number~~
- ~~3.5.1.5 Invoice number and date~~
- ~~3.5.1.6 Payment terms~~
- ~~3.5.1.7 Date of services~~
- ~~3.5.1.8 Quantity (number of days or weeks)~~
- ~~3.5.1.9 Description of Purchase services~~
- ~~3.5.1.10 Pricing per unit of purchase~~
- ~~3.5.1.11 Extended price~~
- ~~3.5.1.12 Total Amount Due~~

3.5.2 **Contractor will submit the invoice packet for services performed on or before the fifteenth (15th) calendar day following the month in which services were performed.**

3.5.3 **The invoice must include the requirements as outlined in the Ryan White Part A's current policies and procedures manual.**

~~3.5.4~~ Contractors providing medical services are required to utilize HCF-1500 ~~or~~ UB-92 **or other standardized medical claim forms for claims as agreed to with the Administrative Agent, and to submitted these** to the Ryan White Part A Program in addition to the **other required invoice reports and forms. Monthly Fiscal and Program Monitoring reports (Section 4.27 of this RFP)**

~~Problems regarding billing or invoicing shall be directed to the using agency as listed on the Purchase Order.~~

3.6 METHOD OF PAYMENT:

~~3.6.1 Contractor will submit Monthly Fiscal and Program Monitoring Report for services performed on or before the fifteen (15th) business day following the month in which services were performed.~~

3.6.2 Subject to the availability of funds, County will, within sixty **(60) business working** days from the date of receipt of the documents enumerated herein, process and remit to the Contractor a warrant for payment up to the maximum total allowable for services provided or work performed during the previous month. **Payment may be delayed or reduced if invoices are in non-compliance due to late submission, improperly completed or missing documentation/information or for other contract non-compliance occurring in the related grant year. Other non-compliance issues that may delay or reduce payments can be related to any contractual issue, and may not necessarily be related to the bill itself.** Should County make a disallowance in the claim, the claim shall be processed for the reduced amount. If the Contractor protests the amount or the reason for a disallowance, the protest shall be construed as a dispute concerning a question of fact within the meaning of the "Disputes" clause of the Special Provisions of this Contract.

3.6.3 The Contractor understands and agrees that County will not honor any claim for payment submitted 60 **calendar** days after date of service. The Contractor understands and agrees that County will not process any claim for payment for services rendered prior to the end of the contract period which are submitted sixty **(60) calendar** days after the end of the contract period without approval of County. For claims that are subject to AHCCCS

Regulation R9-22703.B1, County will not honor any claim for payment submitted nine months after date of service. **Claims submitted 45 calendar days from the last day of the grant year will not be honored or reimbursed.**

- 3.6.4 Payments made by County to the Contractor are conditioned upon the timely receipt of applicable, accurate and complete **invoice** reports **and forms** submitted by the Contractor. All monthly **invoices** ~~fiscal and program monitoring reports~~ must be supported by auditable documentation, which is determined to be sufficient, competent evidential matter defined by the County.
- 3.6.5 The Contractor understands and agrees to maximize all other revenue streams including self-pay and all sources of third party reimbursements. **The Contractor understands and agrees that all self-pay and third party payments must be exhausted to offset program costs before Ryan White funds are used.** The Contractor must **have policies and procedures documented and in place to determine and bill these other potential payment sources. These third party payers include but are not limited to** Regional Behavioral Health Authority (RBHA), **Arizona Health Care Cost Containment Services (AHCCCS), Arizona Long Term Care System (ALTCS), Veteran's Administration (VA), TRICARE, Standard and Medicare and private/commercial or other insurance. The Contractor will determine** eligibility of clients and assist with client enrollment whenever feasible. ~~The Contractor understands and agrees that all third party payments must be exhausted to offset program costs before Ryan White CARE Act funds are used.~~ **Payments collected by the Contractor for Ryan White services must be recorded as Program Income in the Contractor's financial management system and deducted from bills issued to the County. Program income records must be made available to the County for assurance that such revenues are used to support related services.**

3.7 **BUDGET, REVENUES AND EXPENDITURES:**

~~3.7.1 Contractor will submit Monthly Fiscal and Program Monitoring Reports for services performed on or before the fifteenth (15th) working day following the month in which services were performed. The billing packet includes a combination of pre-printed forms and CAREWare based reports and are to be printed and submitted in hard copy form to the Ryan White Part A office an example billing packet is in Exhibit 3. The Contractor shall prepare and submit to County a budget and Work Plan using the current Ryan White Part A-approved formats at the beginning of each grant year in accordance with the stated funds allocated on the most recently issued task order. If the task order is increased or decreased at any time throughout the duration of the grant year, a revised budget and Work Plan may be required.~~

- A. The total administrative costs budgeted, including any **federally** approved indirect rate (inclusive of contractor and subcontractor(s)) cannot exceed **10%** of the amount of the **current grant contract** award. **Any amount of administrative expenditures in excess of 10% will be reimbursed to County.**
- ~~B. Administrative expenditures for this contract cannot exceed 10% of the total expenditures of this contract. Any amount of administrative expenditures in excess of 10% will be reimbursed to MCDWM&D, Ryan White Part A Program.~~
- C. **Contractor agrees that all expenditures are in accordance with the current approved budget.** Any ~~disallowed~~ expenditures **deemed unallowable by the Administrative Agent** are subject to the Contractor submitting a full reimbursement **to the County MCDWM&D, Ryan White Part A Program.**
- D. Contractors agrees to establish and maintain a "Financial Management System" that is in accordance with the standards required by ~~the~~ **Federal** OMB Circular A-110, Subpart C. Such system must also account for both direct and indirect cost transactions, reports on the results of those transactions, are in compliance with the requirements of OMB Circular A-21 and generally accepted accounting principles.

- E. ~~Agree that all expenditures are in accordance with the budget as approved and attached to this Agreement.~~
- F. All expenditures and encumbered funds shall be final and reconciled no later than ~~90~~ **45** days after the close of the grant year.
- G. **Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services consistent with the Work Plan of this Contract. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly invoice by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.**

3.8 DUTIES

- 3.8.1 The Contractor shall perform all duties stated in Attachment "C" WORK PLAN, **the current approved Work Plan for that grant year and/or as directed by the current Ryan White Part A policies and procedures manual.**
- 3.8.2 The Contractor shall perform services at the location(s) and time(s) **as stated in this application, the current approved work plan or "stated in "** ~~or as~~ otherwise directed in writing, via contract amendment and/or task order **from the Administrative Agent.**

3.9 INDEMNIFICATION:

To the fullest extent permitted by law, Contractor shall defend, indemnify, and hold harmless County, its agents, representatives, officers, directors, officials, and employees from and against all claims, damages, losses and expenses, including, but not limited to, attorney fees, court costs, expert witness fees, and the cost of appellate proceedings, relating to, arising out of, or alleged to have resulted from the negligent acts, errors, omissions or mistakes relating to the performance of this Contract. Contractor's duty to defend, indemnify and hold harmless County, its agents, representatives, officers, directors, officials, and employees shall arise in connection with any claim, damage, loss or expense that is attributable to bodily injury, sickness, disease, death, or injury to, impairment, or destruction of property, including loss of use resulting there from, caused by any negligent acts, errors, omissions or mistakes in the performance of this Contract including any person for whose acts, errors, omissions or mistakes Contractor may be legally liable. The contractor shall include a clause to this effect in all subcontracts inuring to the benefit of the Contractor or County

The amount and type of insurance coverage requirements set forth herein will in no way be construed as limiting the scope of the indemnity in this paragraph.

The scope of this indemnification does not extend to the sole negligence of County.

3.10 INSURANCE REQUIREMENTS:

- 3.10.1 The Contractor shall have in effect at all times during the term of this Contract insurance which is adequate to protect Maricopa County, its officers and employees, participants and equipment funded under the Contract against such losses as are set forth below. The Contractor shall provide County with current documentation of insurance coverage by furnishing a Certificate of Insurance or a certified copy of the insurance policy naming Maricopa County as an additional insured.
- 3.10.2 The following types and amounts of insurance are required as minimums:

3.10.2.1 Worker's Compensation as required by Arizona law

3.10.2.2 Unemployment Insurance as required by Arizona law

3.10.2.3 Public Liability, Body Injury and Property Damage policies that insure against claims for liability for Contractor's negligence or maintenance of unsafe vehicles, facilities, or equipment brought by clients receiving services pursuant to this Contract and by the lawful visitors of such clients. The limits of the policies shall not be less than \$1,000,000.00 for combined single limit.

3.10.3 Automobile and Truck Liability, Bodily Injury and Property Damages:

3.10.3.1 General Liability, each occurrence; \$500,000.00

3.10.3.2 Property Damage; \$500,000.00

3.10.3.3 Combined single limit; \$1,000,000.00

3.10.4 Standard minimum deductible amounts are allowable. Any losses applied against insurance deductibles are the sole responsibility of the Contractor.

3.10.5 Professional Liability Insurance; \$1,000,000.00

3.10.6 The Contractor will immediately inform the Director of any cancellation of its insurance or any decrease in its lines of coverage at least thirty (30) days before such action takes place.

3.11 Certificates of Insurance.

3.11.1 Prior to commencing work or services under this Contract, Contractor shall have insurance in effect as required by the Contract in the form provided by the County, issued by Contractor's insurer(s), as evidence that policies providing the required coverage, conditions and limits required by this Contract are in full force and effect. Such certificates shall be made available to the County upon 48 hours notice. BY SIGNING THE AGREEMENT PAGE THE CONTRACTOR AGREES TO THIS REQUIREMENT AND UNDERSTANDS THAT FAILURE TO MEET THIS REQUIREMENT WILL RESULT IN CANCELLATION OF THIS CONTRACT.

In the event any insurance policy (ies) required by this Contract is (are) written on a "claims made" basis, coverage shall extend for two (2) years past completion and acceptance of Contractor's work or services and as evidenced by annual Certificates of Insurance.

If a policy does expire during the life of the Contract, a renewal certificate must be sent to County fifteen (15) days prior to the expiration date.

3.11.2 **Cancellation and Expiration Notice.**

Insurance required herein shall not be permitted to expire, be canceled, or materially changed without thirty (30) days prior written notice to the County.

3.12 NOTICES:

All notices given pursuant to the terms of this Contract shall be addressed to:

For County:

Maricopa County
Department of Materials Management
Attn: Director
320 West Lincoln Street
Phoenix, Arizona

3.13 REQUIREMENTS CONTRACT:

3.13.1 Contractor signifies its understanding and agreement by signing this document that this Contract is a requirements contract. This Contract does not guarantee any purchases will be made (minimum or maximum). Orders will only be placed when County identifies a need and issues a purchase order or a written notice to proceed.

3.13.2 County reserves the right to cancel purchase orders or notice to proceed within a reasonable period of time after issuance. Should a purchase order or notice to proceed be canceled, the County agrees to reimburse the Contractor for actual and documented costs incurred by the Contractor. The County will not reimburse the Contractor for any avoidable costs incurred after receipt of cancellation, or for lost profits, or shipment of product or performance of services prior to issuance of a purchase order or notice to proceed.

3.13.3 Contractor agrees to accept oral cancellation of purchase orders.

3.14 TERMINATION:

3.14.1 County may terminate this Contract at any time with thirty **(30)** days prior written notice to the other party. Such notice shall be given by personal delivery or by Registered or Certified Mail.

3.14.2 This Contract may be terminated by mutual written agreement of the parties specifying the termination date therein.

3.14.3 County may terminate this Contract upon twenty-four **(24)** hours notice when County deems the health or welfare of a patient is endangered or Contractor non-compliance jeopardizes funding source financial participation. If not terminated by one of the above methods, this Contract will terminate upon the expiration date of this Contract as stated on the Cover Page.

3.15 DEFAULT:

County may suspend, modify or terminate this Contract immediately upon written notice to Contractor in the event of a non-performance of stated objectives or other material breach of contractual obligations; or upon the **happening** of any event, which would jeopardize the ability of the Contractor to perform any of its contractual obligations.

3.16 OFFSET FOR DAMAGES;

In addition to all other remedies at law or equity, the County may offset from any money due to the Contractor any amounts Contractor owes to the County for damages resulting from breach or deficiencies in performance under this contract.

3.17 ADDITIONS/DELETIONS OF SERVICE:

The County reserves the right to add and/or delete products and/or services provided under this Contract. If a requirement is deleted, payment to the Contractor will be reduced proportionately to the amount of service reduced in accordance with the proposal price. If additional services and/or products are required from this Contract, prices for such additions will be negotiated between the

Contractor and the County.

3.18 USE OF SUBCONTRACTORS:

3.18.1 The use of subcontractors and/or consultants shall be pre-approved by the County. If the use of subcontractors is approved by County, the Contractor agrees to use written subcontract/consultant agreements which conform to Federal and State laws, regulations and requirements of this Contract appropriate to the service or activity covered by the subcontract. These provisions apply with equal force to the subcontract as if the subcontractor were the Contractor referenced herein. The Contractor is responsible for Contract performance whether or not subcontractors are used. The Contractor shall submit a copy of each executed subcontract to County within fifteen (15) days of its effective date.

3.18.1.1 All subcontract agreements must provide a detailed scope of work, indicating the provisions of service to be provided by both the Contractor and Subcontractor.

3.18.1.2 All subcontract agreements must include a detailed budget and **work plan narrative**, identifying all administrative **and direct service** costs as defined in **the Budget, Revenues and Expenditures section of this contract section H.**

3.18.1.3 All subcontract agreements must document the qualifications and ability to provide services by the subcontracting agency.

3.18.2 The Contractor agrees to include in any subcontracts a provision to the effect that the subcontractor agrees that County shall have access to the subcontractor's facilities and the right to examine any books, documents and records of the subcontractor, involving transactions related to the subcontract and that such books, documents and records shall not be disposed of except as provided herein.

3.18.3 The Contractor shall not enter into a subcontract for any of the work contemplated under this Agreement except in writing and with prior written approval of the County. Such approval shall include the review and acceptance by the County of the proposed subcontractual arrangement between the Contractor and the subcontractor

3.19 AMENDMENTS:

All amendments to this Contract must be in writing and signed by both parties. All amendments shall clearly state the effective date of the action.

3.20 TASK ORDERS:

Contractor shall not perform a task other than those found/defined in the contract award document. Task Orders may be issued by the Administrator of this contract. Task Orders will be communicated via written document. ~~A Task Order and~~ shall include, but is not limited to: budget amount, ~~work plan~~, reference to special conditions of award, and ~~or~~ any special **service and** reporting requirements. Amended Task Orders can be issued at any time **during the grant year**. Both parties shall sign ~~an~~ **a new or** amended Task Order.

3.21 CHANGES:

3.21.1 The Maricopa County Department of Workforce Management and Development, with cause, by written order, make changes within the general scope of this Contract in any one or more of the following areas (Also see **AMENDMENTS & TASK ORDER SECTIONS**):

3.21.1.1 Work ~~Plan Statement~~ activities reflecting changes in the scope of services, funding source or County regulations,

3.21.1.2 Administrative requirements such as changes in reporting periods, frequency of reports, or report formats required by funding source or County regulations, policies or requirements, and/or,

3.21.1.3 Contractor fee schedules, **reimbursement methodologies and/or schedules and/or** program budgets.

Examples of cause would include, but are not limited to: non-compliance, under-performance, **service definition changes**, reallocations **or other directives approved by** ~~from~~ the Planning Council, or **any other reason deemed necessary by the Administrative Agent.** ~~approved directives from the Planning Council.~~

3.21.2 Such order will not serve to increase or decrease the maximum reimbursable ~~unit rate~~ amount to be paid to the Contractor. Additionally, such order will not direct substantive changes in services to be rendered by the Contractor.

3.21.3 Any dispute or disagreement caused by such written order shall constitute a "Dispute" within the meaning of the Disputes Clause found within this Contract and shall be administered accordingly.

3.22 AUDIT REQUIREMENTS:

3.22.1 If the Contractor expends **\$500,000** or more from all contracts administered and/or funded via County, and/or receives **\$500,000** or more per year from any federal funding sources, the Contractor will be subject to Federal audit requirements per P.L. 98-502 "The Single Audit Act." The Contractor shall comply with OMB Circulars A-128, A-110, and A-133 as applicable. The audit report shall be submitted to the Maricopa County **Internal Audit** Department of ~~Public Health~~ for review within the twelve months following the close of the fiscal year. The Contractor shall take any necessary corrective action to remedy any material weaknesses identified in the audit report within six months after the release date of the report **or by a date defined by the Internal Audit Department.** Maricopa County may consider sanctions as described in OMB Circular A-128 for contractors not in compliance with the audit requirements. All books and records shall be maintained in accordance with Generally Accepted Accounting Principles (GAAP).

3.22.2 The Contractor shall schedule an annual financial audit to be submitted to County for review within twelve months following the close of the program's fiscal year. Contractor understands that failure to meet this requirement may result in loss of current funding and disqualification from consideration for future County-administered funding.

~~3.22.3 Comply with the requirement of the Federal Office of Management and Budget (OMB) Circular A-133. The Contractor is responsible for having an audit performed in accordance with, and when required, by OMB Circular A-133, and for sending a copy of the report issued as a results of the audit to the County within 30 days of issuance. The County reserves the right to engage an auditor, at the Contractor's expense, to perform an OMB Circular A-133 audit of the Contractor in the event that the Contractor shall fail to engage an auditor or the County shall reject or disapprove of the auditor engaged by the Contractor.~~

3.22.4 The Contractor shall also comply with the following OMB Circulars **as applicable to its organization's business status:**

1. A-102 Uniform Administrative Requirements for Grants to State and Local Government.
2. A-110 Uniform Administrative Requirements for Grants and Agreement with Institutions of Higher Education, Hospitals and other non-profit organizations.

3. A-122 Cost Principles for Non-Profit Organizations.
4. A-87 Cost Principles for State and Local Governments.
5. A-21 Cost principles for Education Institutions.

3.23 SPECIAL REQUIREMENTS:

- 3.23.1 The Contractor shall adhere to all applicable requirements of the Ryan White ~~Comprehensive~~ HIV/AIDS Treatment ~~Extension Modernization~~ Act of ~~2009~~ ~~2006~~ **and/or current authorized or reauthorized Ryan White HIV/AIDS Act.**
- 3.23.2 The Contractor shall participate in ~~a minimum of two (2)~~ provider technical assistance meetings and/or teleconference calls that will be scheduled by the **Administrative Agent** ~~MCDWM&D~~ throughout the year.
- 3.23.3 The Contractor shall ~~retain~~ **provide** the necessary administrative, professional and technical personnel for operation of the program.
- 3.23.4 The Contractor agrees to maintain adequate programmatic and fiscal records and files including source documentation to support program activities and all expenditures made under terms of this agreement as required.
- 3.23.5 Contractor agrees to install and utilize the CAREWare client level reporting **software** system as described in the **current** Ryan White Part A Program Policies **and Procedures** Manual. There are no licensing costs associated with the use of CAREWare, **however,** the provider is required to **pay for** ~~cover~~ the costs **related to** ~~for~~ installing and configuring internal firewall devices to gain access to the CAREWare database. **These expenses can be reimbursed by Ryan White if included in the current approved budget.**

3.24 RELEASE OF INFORMATION:

The Contractor agrees to secure from all clients **provided services under this contract** any and all releases of information or other authorization requested by County. Each client file documenting the provision of Part A services must contain a **current Administrative Agent authorized** release form signed and dated by the client or client's legal representative. ~~This release form must be signed by the client and grant release of named confidential file information to the Maricopa County Department of Workforce Management and Development for the purpose of grant administration/monitoring for a period of five years from date of signature. Failure to secure such releases from clients may result in disallowance of all claims to County for covered services provided to eligible individuals. If service to anonymous clients is specifically allowed and approved by the County according to the current Ryan White Part A policies and procedures manual or otherwise stated in writing by the Administrative Agent, this provision does not apply. to persons who receive Ryan White CARE Act Part A funded services anonymously.~~

3.25 CERTIFICATION OF CLIENT ELIGIBILITY;

- 3.25.1 The Contractor agrees to **determine and** certify ~~for~~ eligibility for all clients seeking services supported by Ryan White ~~CARE~~ funds, **according to the requirements** detailed in ~~Section 4 of the~~ **Eligibility section of the current** Ryan White Part A Program Policies **and Procedures** Manual. ~~Such certification as detailed below shall be conducted at least every six months of service. Services may be provided to anonymous clients only at the specific approval of the MCDWM&D and only as and if specified in this contract. Anonymous clients are not subject to the following certification of client eligibility requirements. An individual will be certified by the Contractor as being eligible for services if the following criteria are met:~~
- 3.25.2 ~~Documentation in the client's chart of the client's HIV status, consistent with HRSA guidelines as described in the MCDWM&D Ryan White Title 1 Policy Manual;~~

- ~~3.25.3 Documentation in the client's chart that no health and/or other form of insurance is in effect for the client which covers the cost of services available through this program.~~
- ~~3.25.4 Documentation in the client's chart of client ineligibility for like services under other client and/or public assistance programs.~~
- ~~3.25.5 Documentation in the client's chart of current residence in the EMA of Pinal and Maricopa counties and verification by Contractor, as detailed in MCDWM&D's Ryan White Part A Policy Manual.~~
- ~~3.25.6 Documentation of client charges consistent with sliding scale specified on the following chart unless the County waives charges.~~
- 3.25.7 Contractor agrees to charge and document client fees collected in accordance with their sliding fee schedule. This fee schedule shall be consistent with current federal guidelines. This fee schedule must be published and made available to the public. The chart below must be followed when developing the fee schedule**

Client Income	Fees For Service
Less than or equal to 100% of the official poverty line	No fees or charges to be imposed
Greater than 100%, but not exceeding 200%, of the official poverty line	Fees and charges for any calendar year may not exceed 5% of the client's annual gross income **
Greater than 200%, but not exceeding 300%, of the official poverty line	Fees and charges for any calendar year may not exceed 7% of client's annual gross income
Greater than 300% of the official poverty line	Fees and charges for any calendar year may not exceed 10% of client's annual gross income

~~** Free services may be provided to individuals with an annual gross family income of less than 200% of the official poverty line. Fees must be charged to clients whose annual gross family income is in excess of 200% of the official poverty line~~

- ~~3.25.8 The Contractor's schedule of fees and charges must be published and made available to the public. Client income shall be verified and documented consistent with the MCDWM&D Ryan White Part A Policy Manual.~~
- ~~3.25.9 Funds collected by the Contractor in the form of fees, charges, and/or donations for the delivery of the services provided for herein shall be accounted for separately. Such fees, charges and/or donations must be used for providing additional services or to defray the costs of providing these services consistent with the Work Statement of this Contract. As applicable, the Contractor agrees to include, in the underlying budget, the amount of projected revenue from client fees. The amount of funds collected from client fees shall be reported by Contractor in the Monthly Expenditure Report by discrete service. For audit purposes, the Contractor is responsible for maintaining necessary documentation to support provision of services.~~
- ~~3.25.10 The Contractor is required to have in place a procedure for verifying client eligibility for services. Eligibility for all clients must be recertified biannually (every 6 months), with the exception of HIV Status. Eligibility certification must be documented in each client record. The verification of these elements are a permanent part of the client's record and is to be maintained in a secure location for at least five (5) years after the client has left the service.~~

3.26 QUALITY MANAGEMENT:

- 3.26.1 The Contractor will participate in the ~~EMA~~ Quality Management program as detailed in the ~~MCDWM&D~~ **current** Ryan White Part A Program Policies **and Procedures** Manual. See link found on cover page.
- 3.26.2 The Contractor will utilize and adhere to the most current Standards of Care as developed by the Phoenix **Eligible Metropolitan Area** (EMA) Planning Council.
- 3.26.3 The Contractor will develop and implement an agency-specific quality management plan for **Ryan White** Part A-funded services. The Contractor will conduct Quality Improvement projects at the agency level utilizing the Plan-Do-Check-Act (PDCA) model.
- 3.26.4 The Contractor will participate in cross-cutting Quality Improvement projects and report data per the timeline established with the County. Additionally, the Contractor will report quality outcome measures established by the County per the reporting schedule.
- 3.26.5 The Contractor will participate in the Quality Management **activities of the Clinical Quality Management Committee Ad Hoc Advisory Committee** as requested by the County.
- 3.26.6 **The Contractor will** ~~E~~conduct and provide documentation of quality assurance and improvement activities, including maintenance of client satisfaction surveys and other mechanisms as designated by the County.
- 3.26.7 **The Contractor will** ~~M~~maintain a comprehensive unduplicated client level database of all eligible clients served **as well as** ~~and~~ demographic and service measures required, and submit this information in the format and frequency as requested by the County. The County will make available to the Contractor software for the collection of this information (**CAREWare**).
- 3.26.8 **The Contractor will** ~~M~~maintain consent to serve forms signed by the clients to gain permission to report their data to County, State and Federal authorized entities and to view their records as a part of site visits and quality management review activities.
- 3.26.9 **The Contractor will participate** ~~Participation~~ in **Quality Management** trainings sponsored by the County **which are deemed is** mandatory. The Contractor understands that non-participation in these types of **activities events** may result in **non-compliance** ~~not complying~~ with the Standards of Care as mandated by the Ryan White ~~CARE~~ Act. Further, such non-participation in **Quality Management** trainings could result in prompting a performance monitoring site visit

3.27 REPORTING REQUIREMENTS:

- 3.27.1 The ~~e~~Contractor agrees to submit **monthly invoices as defined in the Invoice and Payments section of this contract.** ~~as a "hard copy" document, Monthly Fiscal and Program Monitoring Reports on or before the fifteenth (15th) day of the month following the end of the reporting period on forms substantially similar to those included in sections 4 and 6 of the Ryan White Part A Program Policies Manual. The billing packet is delivered via hardcopy to the Ryan White Part A office. Reporting requirements includes, but not limited to: 1) A narrative describing progress made towards achieving service goals as well as problems and issues impeding program implementation. 2) Expenditure report identifying billing to the MCDWM&D for services provided during the reporting period; 3) Compilation of data on a cumulative, yearly, unduplicated count basis shall be required, with data reporting in scanable and/or electronic file formats; 4) Compilation of data for outcome measure studies conducted as mutually agreed by Contractor and the MCDWM&D; and 5) And any additional or specific reports deemed necessary under Section IV of this contract.~~

- ~~3.27.2 The contractor agrees to submit quarterly program monitoring reports on or before the thirtieth (30th) day of the month following the end of the reporting period detailing a quarterly and year to date unduplicated count of clients serviced and the services provided (duplicated count).~~
- 3.27.3 The eContractor agrees to submit **any administrative, programmatic, quality and/or fiscal reports requested and at the due date defined by the Administrative Agent.** ~~a final end of year program report detailing actual expenditures for the grant year, including administrative expenditures, and an annual unduplicated client level demographic report for the contract year and calendar year no later than 60 days following the close of the grant year.~~
- 3.27.4 **The Contractor agrees to comply with and submit annual and semi-annual client-level and provider-level data as required by HRSA by the due date(s) defined by the Administrative Agent.**
- 3.27.5 **The Contractor agrees to comply with ARS § 36-621, reporting contagious diseases. Any employee, subcontractor or representative of the Contractor providing services under this contract shall follow the requirements of this law. Specifically, a person who learns that a contagious, epidemic or infectious disease exists shall immediately make a written report of the particulars to the appropriate board of health or health department. The report shall include names and residences of persons afflicted with the disease. If the person reporting is the attending physician he shall report on the condition of the person afflicted and the status of the disease at least twice each week.**

3.28 PROGRAM MARKETING INITIATIVES:

- 3.28.1 When issuing statements, press releases and/or **Internet-based or printed** ~~other~~ documents describing projects, ~~or~~ programs **and/or services** funded in whole or in part with Ryan White Part A funds, the Contractor shall clearly state: **1) The percentage of the total costs of the program or project which will be financed with Ryan White funds; 2) The dollar amount of Ryan White funds for the project or program, and 3) The percentage dollar amount of the total costs of the project or program that will be financed by nongovernmental sources.** ~~Further, all such statements, press releases, and other documents describing programs or services funded in whole or in part with Ryan White CARE Act funds shall reference the funding source as the federal Department of Health and Human Services, Health Resources and Services Administration, the Ryan White HIV/AIDS Treatment Extension Act of 2009 (or current authorized or reauthorized name of Act), Comprehensive HIV/AIDS Treatment Modernization Act of 2006, and the Maricopa County Department of Workforce Management and Development Department.~~ Such references to funding source must be of sufficient size to be clear and legible.
- 3.28.2 Contractor is responsible for advertising Ryan White Part A **funded** services. Such advertisement is to promote/incorporate the following components: Services **available rendered**, venues/locations, and hours of operation. The content of any and all advertising for these services must be ~~pre approved by the County and be~~ in a format allowed by Local, State and Federal **regulations and shall contain the funding language referenced in this contract section.**
- 3.28.3 Contractor is responsible to ensure that all appropriate program descriptions, including hours and locations, **and any changes related to these services** are disseminated to the community and other **Ryan White** providers to ensure that clients have access to care. **The Contractor shall be able to document and explain this communication process to the Administrative Agent upon request.**

3.29 OTHER REQUIREMENTS:

3.29.1 **Contractor shall comply with all policies and procedures as defined in the current Ryan White Part A Policies and Procedures Manual.**

3.29.2 Contractor will maintain discrete client files for all individuals served and will secure the necessary releases of information to allow for ~~periodic~~ review of all pertinent client information by employees of County and/or their designated representatives.

~~3.29.3 Monthly Fiscal and Program Monitoring Reports, Utilization Statistics and HRSA-mandated Administrative Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Workforce Management and Development; 301 W. Jefferson, Suite 3200, Phoenix, Arizona 85003. Monthly Fiscal and Program Monitoring Reports are due on or before the 15th of the month following the end of the reporting period.~~

~~3.29.4 Quarterly Program Utilization reports will be submitted to: Ryan White Title I Program; Maricopa County Department of Workforce Management and Development; 301 W. Jefferson, Suite 3200, Phoenix, Arizona 85003 within thirty (30) days following the month end of the quarterly reporting period.~~

~~3.29.5 Written Annual Expenditure (Close Out), Equipment Log, and Program and Utilization Statistics Reports will be submitted to: Ryan White Part A Program; Maricopa County Department of Workforce Management and Development; 301 W. Jefferson, Suite 3200, Phoenix, Arizona 85003 within 60 days of the expiration of the contract year.~~

3.29.6 Contractor shall respond to all ~~additional~~ requests for information **and documentation** solicited by County when they are submitted in writing **no later than within 72** hours of receipt of ~~MCDWM&D~~ request.

3.29.7 Contractor shall participate with a standardized anonymous Consumer Satisfaction Survey issued to all program participants, at least once during the contract year. The survey and procedure is included in the MCDWM&D Ryan White Part A Program Policies **and Procedures** Manual. See link found on cover page

3.30 ADEQUACY OF RECORDS:

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that allowable services were provided to eligible clients the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

3.31 RETENTION OF RECORDS:

The Contractor agrees to retain all financial books, records, **client records** and other documents relevant to this Contract for ~~five six (6 5)~~ years after final payment or until after the resolution of any audit questions ~~which could be more than five (5) years~~, whichever is longer. The County, Federal or State auditors and any other persons duly authorized by the **County Department** shall have full access to, and the right to examine, copy and make use of, any and all said materials.

If the Contractor's books, records and other documents relevant to this Contract are not sufficient to support and document that requested services were provided, the Contractor shall reimburse Maricopa County for the services not so adequately supported and documented.

3.32 AUDIT DISALLOWANCES:

3.32.1 The Contractor shall, upon written demand, reimburse Maricopa County for any payments made under this Contract, which are disallowed, by a Federal, State or Maricopa County audit in the amount of the disallowance, as well as court costs and attorney fees which Maricopa County incurs to pursue legal action relating to such a disallowance.

3.32.2 If at any time it is determined by County that a cost for which payment has been made is a disallowed cost, County shall notify the Contractor in writing of the disallowance and the required course of action, which shall be at the option of County either to adjust any future claim submitted by the Contractor by the amount of the disallowance or to require repayment of the disallowed amount by the Contractor.

3.32.3 The Contractor shall be responsible for repayment of any and all applicable audit exceptions, which may be identified by County, State and Federal auditors of their designated representatives, and reviewed by the Contractor. The Contractor will be billed by the County for the amount of said audit disallowance and shall promptly repay such audit disallowance within 60 days of said billing.

3.33 CONTRACT COMPLIANCE MONITORING:

3.33.1 County shall monitor the Contractor's compliance with, and performance under, the terms and conditions of this Contract. On-site visits for Contract compliance monitoring may be made by County and/or its grantor agencies at any time during the Contractor's normal business hours, announced or unannounced. The Contractor shall make available for inspection and/or copying by County, all records and accounts relating to the work performed or the services provided under this Contract, or for similar work and/or service provided under other grants and contracts.

3.33.2 **Contractor shall follow and comply with all related corrective action plans and requirements of site visits and subsequent audits conducted by County and its representatives. When monetary penalties are imposed or unallowable costs determined, the County will define how repayment will be made to the County. This may include decreasing or withholding the Contractor's monthly billing or requiring payment to the County**

3.34 AVAILABILITY OF FUNDS:

3.34.1 The provisions of this Contract relating to payment for services shall become effective when funds assigned for the purpose of compensating the Contractor as herein provided are actually available to County for disbursement. The Director shall be the sole judge and authority in determining the availability of funds under this Contract and County shall keep the Contractor fully informed as to the availability of funds.

3.34.2 If any action is taken by any State Agency, Federal Department or any other agency or instrumentality to suspend, decrease, or terminate its fiscal obligations under, or in connection with, this Contract, County may amend, suspend, decrease, or terminate its obligations under, or in connection with, this Contract. In the event of termination, County shall be liable for payment only for services rendered prior to the effective date of the termination, provided that such services are performed in accordance with the provisions of this Contract. County shall give written notice of the effective date of any suspension, amendment, or termination under this section, at least ten (10) days in advance.

3.35 RESTRICTIONS ON USE OF FUNDS:

3.35.1 The Contractor shall not utilize funds made available under this Contract to make payments for any item or service to the extent that payment has been made, or can reasonably be expected to be made, with respect to that item or service:

3.35.1.1 Under any State compensation program, under any insurance policy, or under any Federal, State, or county health benefits program; or

3.35.1.2 By an entity that provides health services on a prepaid basis.

- 3.35.2 Funds shall not be used to purchase or improve (other than minor remodeling) any building or other facility, or to make cash payments to intended recipients of services as referenced in the A.R.S. § 41-2591, R2-7-701 and **Code of Federal Regulations**, Chapter 1, Subchapter e., Part 31, and Public Health Service Grants Policy Statement.
- 3.35.3 The federal Office of General Counsel and County emphasize that ~~CARE~~ **Ryan White** Act funds may only support HIV-related needs of eligible individuals. All activities and expenditures must reflect an explicit connection between any service supported with ~~CARE~~ **Ryan White** Act funds and the intended recipient's HIV status.
- 3.35.4 Contractor is not authorized to provide services anonymously, unless specifically approved for the service category in which the Contractor is providing services. All services must only be provided to documented eligible clients as defined in this contract.
- 3.35.5 **Ryan White funds shall not be used to finance the services of lobbyists, fundraisers or grant/proposal writers, nor to support lobbying, fundraising activities and/or the writing of grant/contract proposals.**
- 3.35.6 The Ryan White ~~CARE~~ Act limits the administrative expenses to not more than **10%** of the total **grant award expenditures incurred for that contract**. The Act defines allowable "administrative activities" to include:
 - 3.35.6.1 Usual and recognized overhead, including established indirect rates for agencies;
 - 3.35.6.2 Management and oversight of specific programs funded under this title; and
 - 3.35.6.3 Other types of program support such as quality assurance, quality control, and related activities."
- 3.36 CONTINGENCY RELATING TO OTHER CONTRACTS AND GRANTS:
 - 3.36.1 The Contractor shall, during the term of this Contract, immediately inform County in writing of the award of any other contract or grant where the award of such contract or grant may affect either the direct or indirect costs being paid/reimbursed under this Contract. Failure by the Contractor to notify County of such award shall be considered a material breach of the Contract and County shall have the right to terminate this Contract without liability.
 - 3.36.2 County may request, and the Contractor shall provide within a reasonable time, a copy of any other contract or grant, when in the opinion of the Director, the award of the other contract or grant may affect the costs being paid or reimbursed under this Contract.
 - 3.36.3 If County determines that the award to the Contractor of such other Federal or State contract or grant has affected the costs being paid or reimbursed under this Contract, County shall prepare a Contract Amendment effecting a cost adjustment. If the Contractor protests the proposed cost adjustment, the protest shall be construed as a dispute within the meaning of the "Disputes" clause contained herein.
- 3.37 ALTERNATIVE DISPUTE RESOLUTION:
 - 3.37.1 After the exhaustion of the administrative remedies provided in the Maricopa County Procurement Code, any contract dispute in this matter is subject to compulsory arbitration. Provided the parties participate in the arbitration in good faith, such arbitration is not binding and the parties are entitled to pursue the matter in state or federal court sitting in Maricopa County for a de novo determination on the law and facts. If the parties cannot agree on an arbitrator, each party will designate an arbitrator and those two arbitrators will agree on a third arbitrator. The three arbitrators will then serve as a panel to consider the arbitration. The parties will be equally responsible for the compensation for the arbitrator(s). The hearing, evidence, and procedure will be in accordance with Rule 74 of the Arizona Rules of Civil Procedure. Within ten (10) days

of the completion of the hearing the arbitrator(s) shall:

3.37.1.1 Render a decision;

3.37.1.2 Notify the parties that the exhibits are available for retrieval; and

3.37.1.3 Notify the parties of the decision in writing (a letter to the parties or their counsel shall suffice).

3.37.1.4 Within ten (10) days of the notice of decision, either party may submit to the arbitrator(s) a proposed form of award or other final disposition, including any form of award for attorneys' fees and costs. Within five (5) days of receipt of the foregoing, the opposing party may file objections. Within ten (10) days of receipt of any objections, the arbitrator(s) shall pass upon the objections and prepare a signed award or other final disposition and mail copies to all parties or their counsel.

3.37.2 Any party which has appeared and participated in good faith in the arbitration proceedings may appeal from the award or other final disposition by filing an action in the state or federal court sitting in Maricopa County within twenty (20) days after date of the award or other final disposition. Unless such action is dismissed for failure to prosecute, such action will make the award or other final disposition of the arbitrator(s) a nullity.

3.38 VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §41-4401 AND FEDERAL IMMIGRATION LAWS AND REGULATIONS:

3.38.1 By entering into the Contract, the Contractor warrants compliance with the Immigration and Nationality Act (INA using e-verify) and all other federal immigration laws and regulations related to the immigration status of its employees and A.R.S. §23-214(A). The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract. The Contractor and its subcontractors shall also maintain Employment Eligibility Verification forms (I-9) as required by the Immigration Reform and Control Act of 1986, as amended from time to time, for all employees performing work under the Contract and verify employee compliance using the E-verify system and shall keep a record of the verification for the duration of the employee's employment or at least three years, whichever is longer. I-9 forms are available for download at USCIS.GOV.

3.38.2 The County retains the legal right to inspect contractor and subcontractor employee documents performing work under this Contract to verify compliance with paragraph 3.38.1 of this Section. Contractor and subcontractor shall be given reasonable notice of the County's intent to inspect and shall make the documents available at the time and date specified. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County will consider this a material breach of the contract and may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

3.39 VERIFICATION REGARDING COMPLIANCE WITH ARIZONA REVISED STATUTES §§35-391.06 AND 35-393.06 BUSINESS RELATIONS WITH SUDAN AND IRAN:

3.39.1 By entering into the Contract, the Contractor certifies it does not have scrutinized business operations in Sudan or Iran. The contractor shall obtain statements from its subcontractors certifying compliance and shall furnish the statements to the Procurement Officer upon request. These warranties shall remain in effect through the term of the Contract.

3.39.2 The County may request verification of compliance for any contractor or subcontractor performing work under the Contract. Should the County suspect or find that the Contractor or any of its subcontractors are not in compliance, the County may pursue any and all remedies allowed by law, including, but not limited to: suspension of work, termination of the Contract for default, and suspension and/or debarment of the Contractor. All costs necessary to verify compliance are the responsibility of the Contractor.

3.40 CONTRACTOR LICENSE REQUIREMENT:

3.40.1 The Respondent shall procure all permits, insurance, licenses and pay the charges and fees necessary and incidental to the lawful conduct of his/her business, and as necessary complete any required certification requirements, required by any and all governmental or non-governmental entities as mandated to maintain compliance with and in good standing for all permits and/or licenses. The Respondent shall keep fully informed of existing and future trade or industry requirements, Federal, State and Local laws, ordinances, and regulations which in any manner affect the fulfillment of a Contract and shall comply with the same. Contractor shall immediately notify both Materials Management and the using agency of any and all changes concerning permits, insurance or licenses.

3.40.2 Respondents furnishing finished products, materials or articles of merchandise that will require installation or attachment as part of the Contract, shall possess any licenses required. A Respondent is not relieved of its obligation to possess the required licenses by subcontracting of the labor portion of the Contract. Respondents are advised to contact the Arizona Registrar of Contractors, Chief of Licensing, at (602) 542-1502 to ascertain licensing requirements for a particular contract. Respondents shall identify which license(s), if any, the Registrar of Contractors requires for performance of the Contract.

3.41 SEVERABILITY:

The invalidity, in whole or in part, of any provision of this Contract shall not void or affect the validity of any other provision of this Contract.

3.42 STRICT COMPLIANCE

Acceptance by County of performance not in strict compliance with the terms hereof shall not be deemed to waive the requirement of strict compliance for all future performance obligations. All changes in performance obligations under this Contract must be in writing.

3.43 NON-LIABILITY:

Maricopa County and its officers and employees shall not be liable for any act or omission by the Contractor or any subcontractor, employee, officer, agent, or representative of Contractor or subcontractors occurring in the performance of this Contract, nor shall they be liable for purchases or Contracts made by the Contractor in anticipation of funding hereunder.

3.44 SAFEGUARDING OF CLIENT INFORMATION:

The use or disclosure by any party of any information concerning an eligible individual served under this Contract is directly limited to the performance of this Contract.

3.45 NON-DISCRIMINATION:

The Contractor, in connection with any service or other activity under this Contract, shall not in any way discriminate against any patient on the grounds of race, color, religion, sex, national origin, age, or handicap. The Contractor shall include a clause to this effect in all Subcontracts inuring to the benefit of the Contractor or County.

3.46 EQUAL EMPLOYMENT OPPORTUNITY:

3.46.1 The Contractor will not discriminate against any employee or applicant for employment because of race, age, handicap, color, religion, sex, or national origin. The Contractor will take affirmative action to insure that applicants are employed and that employees are treated during employment without regard to their race, age, handicap, color, religion, sex, or national origin. Such action shall include, but not be limited to the following: employment, upgrading, demotion or transfer, recruitment or recruitment advertising, lay-off or termination, rates of pay or other forms of compensation, and selection for training, including apprenticeship. The Contractor shall to the extent such provisions apply, comply with Title VI and VII of the Federal Civil Rights Act; the Federal Rehabilitation Act; the Age Discrimination in Employment Act; the Immigration Reform and Control Act of 1986 (IRCA) and Arizona Executive Order 99.-4 which mandates that all persons shall have equal access to employment opportunities. The Contractor shall also comply with all applicable provisions of the Americans with Disabilities Act of 1990.

3.46.2 **The Contractor will** Operate under this agreement so that no person otherwise qualified is denied employment or other benefits on the grounds of race, color, sex, religion, national origin, ancestry, age physical or mental disability or sexual orientation except where a particular occupation or position reasonably requires consideration of these attributes as an essential qualification for the position.

3.47 RIGHT OF PARTIAL CANCELLATION:

If more than one service category (Work ~~Plan Statement~~) is funded by this Contract, Maricopa County reserves the right to terminate this Contract or any part thereof based upon the Contractor's failure to perform any part of this contract without impairing, invalidating or canceling the remaining service category (Work ~~Plan Statement~~) obligations.

3.48 RIGHTS IN DATA:

The County shall own have the use of all data and reports resulting from this Contract without additional cost or other restriction except as provided by law. Each party shall supply to the other party, upon request, any available information that is relevant to this Contract and to the performance hereunder.

3.49 INTEGRATION:

This Contract and the respondents' response represents the entire and integrated agreement between the parties and supersedes all prior negotiations, proposals, communications, understandings, representations, or agreements, whether oral or written, express or implied.

3.50 GOVERNING LAW:

This Contract shall be governed by the laws of the state of Arizona. Venue for any actions or lawsuits involving this Contract will be in Maricopa County Superior Court or in the United States

District Court for the District of Arizona, sitting in Phoenix, Arizona

3.51 CERTIFICATION REGARDING DEBARMENT AND SUSPENSION

3.51.1 The undersigned (authorized official signing for the Contractor) certifies to the best of his or her knowledge and belief, that the Contractor, defined as the primary participant in accordance with 45 CFR Part 76, and its principals:

3.51.1.1 are not presently debarred, suspended, proposed for debarment, declared ineligible, or voluntarily excluded from covered transactions by any Federal Department or agency;

3.51.1.2 have not within 3-year period preceding this Contract been convicted of or had a civil judgment rendered against them for commission of fraud or a criminal offense in connection with obtaining, attempting to obtain, or performing a public (Federal, State or local) transaction or contract under a public transaction; violation of Federal or State antitrust statutes or commission of embezzlement, theft, forgery, bribery, falsification or destruction of records, making false statements, or receiving stolen property;

3.51.1.3 are not presently indicted or otherwise criminally or civilly charged by a government entity (Federal, State or local) with commission of any of the offenses enumerated in paragraph (2) of this certification; and

3.51.1.4 have not within a 3-year period preceding this Contract had one or more public transaction (Federal, State or local) terminated for cause of default.

3.51.2 Should the Contractor not be able to provide this certification, an explanation as to why should be attached to the Contract.

3.51.3 The Contractor agrees to include, without modification, this clause in all lower tier covered transactions (i.e. transactions with subcontractors) and in all solicitations for lower tier covered transactions related to this Contract.

3.52 MEDIATION/ARBITRATION:

In the event that a dispute arises under the terms of this agreement, or where the dispute involves the parties to the agreement, a recipient of services under the terms of this agreement, it is understood that the parties to the dispute shall meet and confer in an effort to resolve the dispute. In the event that such efforts to resolve the dispute are not successful, the parties to the dispute will agree to submit the dispute to non-binding mediation before a mutually agreed upon and acceptable person who will act as the mediator. In the event that such non-binding mediation efforts are not able to resolve the dispute, the parties agree to submit the matter to binding arbitration wherein each party selects their own arbitrator and the two selected arbitrators meet and mutually agree upon the selection of a third arbitrator. Thereafter, the three arbitrators are to proceed with arbitration in a manner that is consistent with the provision of A.R.S. 12-1518.

3.53 CULTURAL COMPETENCY:

3.53.1 The Contractor shall meet **and comply with applicable standards of the federal Culturally and Linguistically Appropriate Services (CLAS) standards. The Contractor shall** ~~any and all federal standards on cultural competency and~~ develop and implement organizational policies that comply with **these federal standards. CLAS Standards are included in section 11 of the Ryan White Part A Program Policies Manual. Also see Exhibit 4.**

3.53.2 The Contractor shall recognize linguistic subgroups and provide assistance in overcoming language barriers by the appropriate inclusion of American Sign Language and languages of clients accessing care. ~~Also see Exhibit 4.~~

3.54 RYAN WHITE CAREWARE DATA BASE:

3.54.1 ~~The MCDWM&D requires the installation and utilization of HRSA-supplied Ryan White CAREWare software. CAREWare is used for client level data reporting and monthly billing reports, demographic reports, and various custom reporting. for reporting purposes, to include quality management program reporting requirements.~~ The Contractor agrees to install, collect, and report all data requested by the MCDWM&D via RYAN WHITE CAREWare within **60** days of request by the MCDWM&D. The Contractor agrees to participate in technical assistance training and/or informational presentations for CAREWare at various times scheduled during the contract year.

~~3.54.2 CAREWare is used for client level data reporting and is used for monthly billing reports, demographic reports, and various custom reporting. Samples of these reports can be found in sections 4-6 of the Ryan White Part A Program Policies Manual.~~

3.54.3 ~~The CAREWare software is supported by the Part A office for training and end user support.~~ The Contractor is responsible for coordinating the installation of the CAREWare software with their internal information technology staff. CAREWare software is developed by HRSA and requires no licensing fees. The Contractor will be responsible for the cost of **Virtual Provider Network** (VPN) cards for each user within their organization.

3.54.4 **The Ryan White Part A office will provide technical assistance to eligible applicants for the implementation, configuration and end user support for the CAREWare database. In addition, technical assistance is made available to eligible applicants to integrate CAREWare with proprietary in-house billing systems on an as needed basis to minimize data entry efforts needed to report client level demographic and service related data.**

~~The CAREWare software and central database are explained in sections 4-6 of the Ryan White Part A Program Policies Manual.~~

3.55 IMPROPRIETIES AND FRAUD:

3.55.1 The contractor shall notify MCDWM&D in writing of any actual or suspected incidences of improprieties involving the expenditure of CARE Act funds or delivery of services. This will include when potential or current clients receive services, or attempt to receive services, for which they are ineligible. Notification is also required whenever acts of indiscretion are committed by employees that may be unlawful or in violation of this contract. Notification to MCDWM&D shall occur in writing within 24 hours of detection.

3.55.2 The Federal Department of HHS Inspector General maintains a toll-free hotline for receiving information concerning fraud, waste, or abuse under grants and cooperative agreements. Such reports are kept confidential and callers may decline to give their names if they choose to remain anonymous.

Office of Inspector General
TIPS HOTLINE
P. O. Box 23489
Washington, D. C. 20026
Telephone: 1-800-447-8477 (1-800-HHS-TIPS)

3.55.3 The Contractor shall be responsibility for any loss of funds due to mismanagement, misuse, and/or theft of such funds by agents, servants and/or employees of the Contractor.

3.56 ADHERENCE TO ~~MCDPH~~ **RYAN WHITE PART A POLICIES:**

3.56.1 Contractor shall adhere to all MCDWM&D Ryan White Part A Program Policies. Such policies are referenced in the MCDWM&D Ryan White Part A Program Policies **and Procedures Manual**. See link found on cover page.

3.57 REFERRAL RELATIONSHIPS:

Contractors must have documented evidence to substantiate referral relationships on an ongoing basis consistent with HRSA guidance regarding “Maintaining Appropriate Referral Relationships” available from the MCDWM&D upon request.

3.58 POLICY ON CONFIDENTIALITY:

3.58.1 The Contractor understands and agrees that this Contract is subject to all State and Federal laws protecting client confidentiality of medical, behavioral health and drug treatment information.

3.58.2 The Contractor shall establish and maintain written procedures and controls that **ensure the confidentiality of client medical information and records**. ~~comply with Arizona Administrative Code (A.A.C.) R9-1-311 through R9-1-315 regarding disclosure of confidential medical information and records. No medical information contained in Contractor’s records or obtained from County, or from others in carrying out its functions under this Contract shall be used or disclosed by Contractor, its agents, officers, employees or subcontractors except as is essential to the performance of duties under this Contract or otherwise permitted under applicable statutes and rules. Disclosure to County is deemed essential to the performance of duties under this Contract. Neither medical information nor names or other information regarding any person applying for, claiming, or receiving benefits or services contemplated in this Contract, or any employer of such person shall be made available for any political or commercial purpose. Information received from a Federal agency or from any person or provider acting under the Federal agency pursuant to Federal law shall be disclosed only as provided by Federal law.~~

3.58.3 **The Contractor shall maintain and document employee and direct service provider training on their organization’s policies and procedures related to client confidentiality.**

3.58.4 In accordance with Section 318 (e)(5) of the Public Health Service Act [42 U.S.C. 247c(e)(5)], no information obtained in connection with the examination, care or services provided to any individual under any program which is being carried out with Federal monies shall, without such individual’s consent, be disclosed except as may be necessary to provide services to such individual or as may be required by laws of the State of Arizona or its political subdivisions. Information derived from any such program may be disclosed (a) in summary, statistical, or other form, or (b) for clinical research purposes, but only if the identity of the individuals diagnosed or provided care under such program is not disclosed. The Contractor shall comply with the provisions of A.R.S. § 36-663 concerning HIV-related testing; restrictions; exceptions and A.R.S. § 36-664 concerning confidentiality; exceptions, in providing services under this Contract.

3.58.5 Confidential communicable disease related information may only be disclosed as permitted by law, and only consistent with the **current MCDWM&D Ryan White Part A Program Policies and Procedures Manual**. See link found on cover page.

3.59 EQUIPMENT:

3.59.1 All equipment and products purchased with grant funds should be American-made.

- 3.59.2 The title to any and all equipment acquired through the expenditure of funds received from County shall remain that of the Department of Health and Human Services, Health Resources and Services Administration. County must specifically authorize the acquisition of any such equipment in advance. Upon termination of this Contract, County may determine the disposition of all such equipment.
- 3.59.3 The Contractor agrees to exercise reasonable control over all equipment purchased with capital outlay expense Contract funds. All equipment lost, stolen, rendered un-usable, or no longer required for program operation must be reported immediately to County for disposition instructions. The Contractor shall report the physical inventory of all equipment purchased with contract funds within sixty (60) days of receipt of such equipment.

3.60 LAWS, RULES AND REGULATIONS:

The Contractor understands and agrees that this Contract is subject to all State and Federal laws, rules and regulations that pertain hereto.

3.61 FORMAT AND CONTENT (WHAT TO PROVIDE-APPLICANT):

To aid in the evaluation, it is desired that all proposals follow the same general format. The proposals are to be submitted in binders and have sections tabbed as below (Responses are limited to no more than 15 pages of narrative, single sided, 10 point font type)

3.61.1 Letter of Transmittal (Exhibit 2)

3.61.2 **Narrative – Provide a brief narrative (not to exceed 15 pages), fully describing your organization, and the personnel assigned to this service category and how you plan on meeting the needs of the plwh/a population.**

Provide a brief response to each of the sections listed below:

- **-Targeted population AND the geographical boundaries within the EMA you/ your organization are offering to provide these services.**
- **-How Ryan White funds will be utilized to keep plwh/a in care.**
- **-How your organization will work within the HIV/AIDS community to provide coordinated care to eligible clients**
- **-Your agency's experience with infectious disease.**
- **-Other funding used by your agency to care for plwh/a**

3.61.3 Completed Application Form (Attachment A), including any applicable proof of licensing, certifications, etc., as requested. In the event that any given section is not applicable to the service you/your company are offering a proposal response to, the section shall be noted as N/A (not applicable).

3.61.4 Pricing and Budget Form (Attachment B)

3.61.5 Work Plan (Attachment C), fully completed, without exception.

3.61.6 Agreement/Signature Page (Attachment D) inclusive of vendor/applicant portion completed and signed.

3.62 EVALUATION OF PROPOSAL – SELECTION FACTORS:

An Independent Review Panel (IRP) shall be appointed, at the direction of the MATERIALS MANAGEMENT DIRECTOR, and chaired by the Materials Management Department to evaluate

each Proposal and prepare a scoring of each Proposal to the responses as solicited in the original request. At the County's option, proposing firms may be invited to make presentations to the IRP. Best and Final Offers and/or Negotiations may be conducted, as needed, with the highest rated Respondent(s). **Proposals will be evaluated on the following criteria which are listed in order of importance and determine the acceptability of each respondent's proposal. (PROPOSALS SHALL BE EVALUATED AS ACCEPTABLE OR NOT ACCEPTABLE BASED ON THE FOLLOWING CRITERIA).**

- 3.62.1 Agency's approach and philosophy and how it relates to the service delivery goals as outlined in the 2006-2009 Phoenix EMA Comprehensive Plan. The goals that apply to service delivery are:
- 3.62.2 Goal 1: Improve delivery of core services and other services to populations with the greatest needs.
- 3.62.3 Goal 2: Improve entry into care by streamlining the eligibility process.
- 3.62.4 Goal 3: Identify individuals who are aware of their HIV status and are not in care, and facilitate their entry into care.
- 3.62.5 Goal 4: Improve access to services through multiple approaches.
- 3.62.6 Goal 5: Provide a continuum of HIV/AIDS services that is culturally and linguistically appropriate.
- 3.62.7 Goal 7: Improve the integration and coordination among care services and between HIV care and prevention.
- 3.62.8 Agency's proven skills and technical competence, including all subcontractor agreements proposed.
- 3.62.9 Staff qualifications and credentials
- 3.62.10 Proposed budget inclusive of unit of service cost(s).

3.63 RESPONDENT REVIEW OF DOCUMENTS.

The Respondent shall review its Proposal/Response submission to assure the following requirements are met.

- 3.63.1 **Mandatory:** One (1) original hardcopy (labeled), three (3) hardcopy copies of their proposal/response, inclusive of all required submissions, and one (1) electronic copy of all required submittal documents, on a CD (**no pdf files except those documents which require a signature at the time of submission.**)
- 3.63.2 **Mandatory:** Attachment "A", Application
- 3.63.3 **Mandatory:** Attachment "B", Pricing and Budget Agreement; and
- 3.63.4 **Mandatory:** Attachment "C", Work Plan
- 3.63.5 **Mandatory:** Attachment "D", Signature/Agreement Page
- 3.63.6 **Mandatory:** Narrative as defined in Section 4.58.2 above
- 3.63.7 **Mandatory:** Letter of Transmittal (Exhibit 2)

3.64 VENDOR REGISTRATION:

All applicants/respondents shall be registered as a vendor with Maricopa County. No contract awards can be made to a applicant/respondent who has not successfully completed vendor registration. See Exhibit 1 Vendor Registration Procedures.

NARRATIVE

Provide a brief narrative (not to exceed 15 pages), fully describing your organization, and the personnel assigned to this service category and how you plan on meeting the needs of the plwh/a population.

Provide a brief response to each of the sections below:

1) Targeted population and the geographical boundaries within the EMA you/your organization are offering to provide services.

The service area population described in this proposal consists of 299,875 (almost a 70% increase over the period of 2000 through early 2008) residents living in the rural medically underserved communities of Casa Grande, Eloy, Coolidge, Maricopa, San Manuel and Oracle located in the western southeastern sections of Pinal County, Arizona. *Pinal County is critically underserved. The communities of Maricopa, Coolidge, Eloy and Casa Grande (the site of this proposed project) are in the federally-designated Central-West Pinal Health Professional Shortage Area (HPSA). The communities of San Manuel and Oracle are in the San Pedro Valley HPSA.*

Pinal County is located in the south central section of the state. The county has an area of 5,371 square miles (nearly the size of Connecticut). In both economy and geography, Pinal County has two distinct regions. The eastern part is characterized by mountains with elevations to 6,000 feet and copper mining.

The western area is primarily low desert valleys where irrigated agriculture occurs. The State of Arizona is Pinal County's largest landholder with 35.3% of the land mass followed by individuals and corporations, 25.7%; Native American reservations, 20.3%; the U. S. Forest Service and Bureau of Land Management, 17.5%; and the remaining 1.2% is other public land. The entire Pinal County is an Enterprise Zone.

The communities of Oracle and San Manuel are in the eastern part of the County and have historically been active in copper mining, smelting, milling and refining. Recent layoffs from the shutdown of mining operations have lead to an unemployment rate that is 27% higher than the rest of the State.

Eloy, Maricopa, Coolidge and Casa Grande are in the western part of the County. Eloy and Maricopa have agriculture-based economies. However, Coolidge, Eloy and particularly Casa Grande, which are traditionally agriculture-based, have rapidly diversified their economic bases to include manufacturing, trades and services. This diversification can mostly be attributed to the fact that they are located in a major growth corridor between Phoenix and Tucson.

The proposed primary care HIV/AIDS services consist of the following Census Tracts: 6.01, 7, 8, 9, 10, 11, 12, 13.01, 13.02, 14.01, 14.02, 15, 16, 17, 19 and 20. The service area of SLFHC still is comprised of the two most densely populated areas. On the East side of the County, SLFHC maintains clinics in the communities of Casa Grande (the main site of this proposed project), Maricopa, Coolidge and Eloy.

The largest community within the service area is Casa Grande with a population of over 42,000. Casa Grande's population has increased 52% since 2000. Complicating matters is that the region's population swells even more with 20,000 winter visitors. The Maricopa and Casa Grande communities experienced a housing boom in 2004 and 2005 that stimulated rapid growth. However, that growth stalled in 2006 due to a flattening in the market but began to pick up in 2007-2008. Furthermore, the proximity to Phoenix has fueled the recent population growth and it is expected to continue as land for development is readily available.

Sun Life Family Health Center (SLFHC) is a non-profit Section 330 Community Health Center and is the only facility in Pinal County that offers primary care on a sliding fee scale-based formula. SLFHC believes that every individual is entitled to accessible quality healthcare services without regard for age, sex, ethnicity or ability to pay.

Community Health Centers in Arizona serve a critical role in meeting healthcare needs in this predominately rural state. As a result, SLFHC proposes to address the primary care needs of persons living with HIV/AIDS through comprehensive outreach, counseling and clinical health care services. The long-term aim is to increase the number of providers to provide critical primary care (including the dispensing of needed medications) while increasing testing and counseling services. This corresponds to SLFHC's mission of providing quality, affordable health care services for all residents.

SLFHC is Pinal County's largest primary health care provider. We are a non-profit organization committed to the mission of the uninsured, underinsured and insured residents having access to quality and price conscious services. There are currently no other providers in the County or the State serving these populations equally. We are working toward driving patient traffic to our six clinic locations through collaboration with community partners, word of mouth, insurance referrals, patient trust and total quality care.

Over the past five years Pinal County grew 20% annually to 299,875 residents. There are over 92,000 uninsured residents (29%) and nearly 50% are underinsured. Many of these reside in Casa Grande (the largest clinic and administrative center) and represent especially vulnerable populations including women and children. HIV/AIDS is also increasing in our service area (according to the most recent statistics in 2007, there are approximately 217 individuals living with HIV/AIDS in Pinal County). In addition, it is expected that a minimum of 70 HIV/AIDS-positive individuals will be referred immediately to SLFHC for services from Maricopa County.

Given the total number of current patients seen by SLFHC, it is expected that the numbers of new clients will grow both proportionately and geometrically (including those that test positive for HIV/AIDS). Given this rapid growth, it is critical to have facilities with dedicated providers to ensure that the maximum numbers of patients can be given the most affordable and accessible services possible. With unemployment rates increasing in much of the County, the need for expanding prevention and primary care services will become critical.

Residents identify with the following traits: 1) limited access to primary and specialized care; 2) experiencing increased health care costs; 3) difficulty locating quality services; and 4) lack sufficient transportation to see a provider. In addition to general medical conditions, during 2008 SLFHC saw a 60% increase in the diagnosis of diabetes, 52% in hypertension, 58% in cervical cancer, 32% in abnormal breast findings, 91% in prenatal conditions and a 59% in the treatment for asthma. It can be projected that the numbers of persons diagnosed with HIV /AIDS will also see dramatic increases.

Other underserved populations:

- Elderly population: there was a slight decrease to 11.2% in the elderly population by the end of 2007. Still, the 80+ population is projected to triple by 2020.
- Currently 1 in 4 people in the County are 0-14 years of age. Data from the Pinal County Health and Human Services (2008) show that there are 87,148 (27%) children from the ages of 5-17 that live in poverty.
- According to the same report, the number of residents in Pinal County who live 200% below the Federal Poverty Level is 118,150 or 39% and those living 100% of the FPL is 50,679 or 17%.

The age breakdown in the targeted service area is shown in Table 1 below.

Table 1 Age Breakdown

		Pinal County Service Area		Arizona	
Age Category	Number	Percent (Rounded Off)	Number	Percent (Rounded Off)	
0-14	65,562	22	1,312,694	23	
15-19	21,147	7	415,951	7	
20-44	99,156	33	2,125,872	36	
45-64	67,791	23	1,216,640	21	
65-84	43,136	14	683,810	12	
85+	3,083	1	77,183	1	
Total	299,875	100	5,832,150	100	

Race/Ethnicity in Table 2 presents data on the target population

Table 2. Race/Ethnicity

Pinal County Service Area		SLFHC Patient Makeup in 2008			Arizona	
Race/Ethnicity	Number	Percent	Number	Percent	Number	Percent
White (Non-Hispanic)	137,942	46.0	11,179	38.4	3,272,065	63.8
African American	8,996	3.0	1,621	2.0	146,183	2.9
Native American	14,993	5.0	329	5.0	233,352	4.6

Asian Pacific Islander	2,998	1.0	97	1.0	94,252	1.8
Other/Unreported	2,998	1.0	7,180	28	89,463	1.7
Hispanic	149,937	44	14,567	50	1,295,317	25.2

In the Pinal County Service Area, 47% are female and 53% male. This can be compared to the State of Arizona total population of 50.1% female and 49.9% male. It can be argued that poverty is the single most predictive factor related to health and access to services. For example 17% of Pinal County's population lives at 100% of the FPL and 39% live at a FPL below 200%. This translates into roughly 56% of the Pinal County Service Area residents living at some level of poverty.

Table 3 below outlines additional relevant demographic factors. The Table will show that in comparison to the State generally, Pinal County Service Area residents have received less formal education, are less likely to be employed and more likely to live in poverty. These indicators suggest that service area residents face numerous social and economic challenges/barriers, some of which have a direct impact on health indicators.

Table 3. Education/Employment/Insurance/Economic Status

	Pinal County Service Area	Arizona
Less Than 9 th Grade Education/9 th -12 th Grades No Diploma	27%	11.2%
Unemployed	7% (As High as 27% in Some Mining Areas)	Less Than 4%
Household Income Less Than 100% FPL	17%	14%
Household Income Less Than 200% FPL	39%	34%
Median Household Income	\$34,516	\$44,261
Uninsured	22%	20%
AHCCCS/Medicaid Enrollees	21%	24%
Private Insurance, HMO, PPO	28%	31%
Medicare Beneficiaries	40%	35%

2) How Ryan White funds will be utilized to keep plwh/a in care:

The long-term aims of SLFHC is to ensure that all persons living with HIV/Aids within Pinal County (and those referred to the Center from Maricopa County) have access to integrated, consistent, accessible and affordable care. This includes the prescribing of affordable medications and those that need care are enrolled. In terms of goals and objectives, the following will outline SLFHC's philosophy in providing coordinated care to eligible potential patients/clients.

Goal 1: SLFHC will enhance the integration of care and services to people living with HIV/AIDS within Pinal County.

Objective 1.1: SLFHC will develop and implement case management standards. It is anticipated that case management will be conducted on a minimum of 70 referred and identified clients a year.

Objective 1.2: SLFHC will integrate 100% of their integrated primary care and psycho-social case management for those populations living with HIV/AIDS.

Objective 1.3: SLFHC will develop a minimum of 3 peer identification trainings for providers and support staff over the first year of funding.

Objective 1.4: SLFHC will fully integrate (100%) HIV/AIDS-related health issues within its standard primary care services.

Objective 1.5: SLFHC will increase by 70% the number of primary care providers that are knowledgeable of the integration of HIV/AIDS with primary care services.

Objective 1.6: SLFHC will improve the likelihood that we keep plwh/a in care through increasing by 50% the coordination between prevention and primary care.

Objective 1.7: SLFHC will increase by 70% the number of patients living with HIV/AIDS in communication with primary care providers to ensure that needs are fully met from the perspective of those diagnosed to better improve the likelihood that they will continue with their care. It is the aim to empower plwh/a to maintain their treatment regimens.

Objective 1.8: SLFHC will ensure that 100% of those diagnosed will have full access to integrated, consistent, accessible, culturally competent and affordable primary health care.

Goal 2: SLFHC will assure consistency of services across all HIV/Affected communities within the Pinal County Service Area.

Objective 2.1: SLFHC will provide standard and uniform credentials for all primary care providers that will be addressing the needs of plwh/a individuals.

Objective 2.2: SLFHC will fully establish protocols for evaluating and improving quality of care from population-based and client-driven perspectives. This will ensure that a minimum of 75% of those diagnosed will be better able to provide their inputs on their care and thus ensuring that all primary care services are culturally competent.

Objective 2.3: SLFHC will dramatically increase by 50% the number of care choices for plwh/a populations where no such services exist in Pinal County.

Objective 2.4: SLFHC will develop a Referral Resource Guide to be housed in the Casa Grande Clinic to assure that those diagnosed will have a continuum of care that can be addressed beyond the primary care services of SLFHC. The long-term aim here is to increase the chances that at least 60% of those infected will have care where services are limited in the Service Area.

Goal 3: SLFHC will ensure that all identified clients referred to its clinics and those identified through outreach will be entered into primary care.

Objective 3.1: SLFHC will assure appropriate standards of care for HIV/AIDS affected Pinal County residents and a minimum of 70 % of those referred to the Center by utilizing Public Health Guidelines for the treatment of HIV infection.

Objective 3.2: If funded by Ryan White, SLFHC primary care providers and support staff will increase by 50% care to the elderly, bilingual/bicultural clients, ethnic minorities, migrant workers, women, children and gay/lesbian/transgendered/bisexual populations.

Objective 3.3: SLFHC will continue to provide primary care and pharmacy services to 100% of clients/patients on a sliding-fee scale based formula. SLFHC will not turn away anyone because they cannot pay.

Goal 4: SLFHC will work closely with stakeholders in conducting timely community assessments (including gap/situational analyses) for providing timely data of the HIV/AIDS affected communities in Pinal County, Arizona.

Objective 4.1: SLFHC will work closely with the Pinal County Health Department in the gathering and analysis of epidemiological trends every 3 months on HIV/AIDS in the County.

Objective 4.2: The SLFHC Grant Writer and providers will improve community assessment strategies through at least 2 community-wide trainings a year for gathering and analysis of data.

Objective 4.3: SLFHC will develop a set of standardized quantitative/qualitative survey instruments that incorporate core values and objectives of integration, consistency, accessibility and appropriateness of instruments. This

includes a standard methodology of implementation of at least 2 instruments.

Objective 4.4: SLFHC will request technical assistance from HRSA twice a year to help build capacity to develop proper protocols for conducting “empirical” community assessments.

Goal 5: SLFHC will implement a strong outreach program and prevention programs that incorporates techniques of both informal and formal outreach for the purposes of identifying “hidden” and hard-to-reach populations.

Objective 5.1: SLFHC will increase outreach effort by 50% to Native American, seriously mentally ill, women who want to procreate, heterosexual, gay, substance abuse, transgender/transsexual populations.

3) How your organization will work within the HIV/AIDS community to provide coordinated care to eligible clients:

Currently, Pinal County has no HIV Prevention Community Planning Process. Therefore, as part of this proposed Ryan White proposal, SLFHC is advocating for the development of a Pinal County HIV/AIDS Action Coalition that we would develop and oversee our efforts. Through a community mobilization design, SLFHC will contact current community stakeholder partners to establish this Coalition. There is strong interest in such a body and SLFHC will take the lead in establishing this Action Coalition. Our work will be implemented as a local community partnership and based on SLFHC’s 30 years of experience in establishing and being members of such groups.

The HIV/AIDS Action Coalition will be composed of 8-10 members representing indigenous leadership throughout the entire Pinal County where we operate 6 clinics. By the nature of its composition, the Coalition will allow for total proactive community involvement throughout all phases of the patient’s primary care and referral services.

The majority of members will be from identified collaborating agencies with representation of HIV-positive individuals. All of the members will be fully knowledgeable of the communities in Pinal County, about the SLFHC target populations, where they congregate, the status of public health in Arizona and Pinal County, previous local HIV prevention/treatment efforts and social and health services beyond SLFHC addressing the needs of those at-risk and for those who have been tested as being positive.

The Action Coalition will play an on-going active role in SLFHC’s Ryan White efforts in assisting the clinic to define, articulate and rank the development and implementation of the community framework to strengthen SLFHC’s local efforts. Another objective of the Coalition will be to sanction the accessing of certain data for future testing efforts of SLFHC, cultural events (where prevention intervention materials can be provided) and other relevant information. Important information will be provided on risk factors that could be affecting the communities as these relate to HIV/AIDS. Also, Coalition members will be the avenue in which SLFHC’s efforts and outcomes will be disseminated throughout the service area.

With respect to Pinal County Arizona and the SLFHC’s Service Area, there are no organizations that address the pressing needs of those individuals that are people living with HIV/AIDS. However, SLFHC maintains close working relationships with several organization and are part of several coalitions and other working collaboratives that address a myriad of health care needs of the County. These include substance abuse, behavioral health, housing, providing food to needy individuals, counseling, transportation and other valuable services. However, it is anticipated with Ryan White funding that SLFHC will address these and additional concerns through an extensive referral network.

SLFHC has over 30 years experience in working with coalitions and service provider collaborations at the community-level. This proposed project will make use of such collaborations in providing in providing clients a continuum of services to meet their varied needs. This includes extensive referral services.

Referrals must be broad-based enough in terms of potential services and must be able to be made at any time during the primary care testing, diagnosis and brief evidence-based prevention intervention periods. Referrals will be made to those agencies that provide:

- Additional screening for STDs at the Pinal County Health Department.

- In addition, to screening, vaccination and treatment for Hepatitis by SLFHC primary care providers, staff will ensure that patients are referred to appropriate education and prevention services provided by collaborators.
- Low-income housing.
- Food banks and/or pantries.
- Domestic violence.
- Reproductive health evidence-based prevention interventions beyond those primary care clinical services provided by SLFHC.
- Substance abuse prevention and treatment facilities.
- Behavioral health services.
- Legal services for recent immigrant IDUs and their sexual partners.
- Support groups for those living with HIV/AIDS.
- Homeless shelters.
- Prevention case management for those individuals testing positive that cannot be handled by SLFHC alone.

SLFHC will develop a Referral Resource Guide that will be available to all potential Ryan White clients. In addition, literature describing the services that various agencies provide to high-risk populations and those already diagnosed with HIV/AIDS will be provided through the Casa Grande and 5 satellite clinics. During visits with SLFHC primary care and supportive staff, the patient and staff will identify needs in partnership with each other.

If referrals for additional specific services are required or requested by the patient, these will be made to the appropriate service/agency. When making a specific referral or when responding to a specific request from the client, SLFHC staff will very carefully consider the most appropriate service provider for the client. Close attention will be paid to the client's culture, language, gender, sexual orientation, age and educational/developmental levels.

The client will be provided with a contact person at the organization in which the referral is made. SLFHC support staff will be fully knowledgeable of what the organization has to offer and when it is offered. This information will be maintained in the Referral Resource Guide and other literature kept at the Casa Grande clinic. Networking with local agencies will be sufficient enough to allow for more than referral option if necessary. In those cases where the patient/client is nervous about contacting the agency directly, support staff will make the initial contact on behalf of the patient. No information will be shared with the contacted agency unless the patient/client gives his/her signed consent to do so.

4) Your agency's experience with infectious disease.

To meet community/user needs, SLFHC operates six freestanding primary care clinics in its targeted service area. Five of the sites are satellite clinics with oversight being provided by the Casa Grande Center's management team. All of the sites have a long-standing history in diagnosing and treating infectious diseases. The include Hepatitis, Influenza, Measles, Mumps, Chicken Pox, Tuberculosis, STDs, Meningitis, Valley Fever and many others. Below is a brief description of each clinic site and the services currently being provided.

Casa Grande Site: This site is the headquarters for SLFHC's network of six clinics. The facility houses 48 examination rooms, a moderate complexity laboratory, diagnostic imaging and a pharmacy. Service offered in the clinic includes family practice, OB/GYN, dentistry, x-ray, laboratory and a pharmacy. The clinic is staffed by 8.8 FTE primary care providers, 4.0 Physician Assistants, 3.0 Nurse Practitioners, 3.0 Dentists and 1.0 Hygienist. Other clinic and administrative staff consist of 108.65 FTEs. Hours of operation are 8 a.m. to 5p.m. Monday through Friday and 8.a.m. to 1 p.m. Saturdays.

Eloy Site: The current clinic has six examination rooms. Services in the clinic include family practice and CLIA waived laboratory services. Patients needing OB/GYN, dental, behavioral health or x-ray services are referred to the Casa Grande facility. Pharmaceuticals are delivered daily to the Eloy clinic by courier from the Casa Grande facility. Staff includes 1.0 FTE Family Practice Physician, 1.0 FTE Registered Nurse, 1.0 FTE Referral's Clerk, 1.0 FTE Medical Assistant and 2.0 FTE Receptionists. Hours of operation are 8 a.m. to 5 p.m. Monday through Friday.

Maricopa Site: Services provided include family practice and CLIA waived laboratory services. Patients requiring OB/GYN, dental, mental health or x-ray services are referred to the Casa Grande site. Staff includes 1.0 family Practice Physician, 1.0 Physician Assistant, 3.0 Medical Assistants, 1.0 referral Clerk and 2.0 Receptionists. Hours of operation are 8 a.m. to 5 p.m. Monday through Friday.

Coolidge Site: This clinic has six examination rooms. Services include family practice and CLIA waived laboratory services. Patients needing OB/GYN, dental, behavioral health or x-rays are referred to the Casa Grande facility. Pharmaceuticals are delivered daily by courier. Staff includes 1.0 Family Practice Physician, 1.0 Licensed Practical Nurse, 1.0 Medical Assistants, 1.0 Referral Specialist and 2.0 Receptionists. Hours of operation are 8 a.m. to 5 p.m. Monday through Friday.

San Manuel Site: This clinic has 13 examination rooms, a moderate complexity laboratory, diagnostic imaging and a pharmacy. Services offered include family practice, x-ray, laboratory, physical therapy and pharmacy. Patients needing OB/GYN or dental services are referred to Casa Grande or other sites in Northwest Tucson. San Pedro Behavioral Health, a local behavioral health organization, has counselors located on-site at the clinic. The clinic is staffed by 2.0 Family Practice Physicians and 1.0 Physician Assistant. Other clinic and administrative staff consist of 23.0 FTEs. Hours of operation are 8 a.m. to 5 p.m. Monday through Friday.

Oracle Site: This clinic offers family practice services. Patients requiring x-ray, laboratory testing or physical therapy are referred to the San Manuel facility. Patients needing OB/GYN or dental services are referred to the Casa Grande clinic or other sites in Northwest Tucson. The Oracle clinic is open Monday through Friday from 8 a.m. to 5 p.m. and is staffed by 1.0 Family Practice Physician, 2.0 Medical Assistants and 2.0 Receptionists.

The following data also provides important relevant statistics in terms of SLFHC's patient base as reflected in November 2008 UDS Reports:

- As of November 2008, the Center had an active user base of just under 30,000 patients.
- As of November 2008, the number of patient encounters was nearly 78,000.
- Both of the above numbers represent an 8.7% increase over 2007, with these numbers projected to grow.
- For males the increase was 9.6%.
- For females the increase was 6.8%.
- For populations under one through age 5, the increase was 17.8%
- For males under one through five years of age the increase was 17.8%.
- For females under one through five, the increase was 6.8%.
- For populations that were 55 years of age to 85, there were 5,906 patient visits from 2007 which was 5,464 patient visits, 2.6% growth over 2007.

The free standing population-based model, as summarized in the above clinic descriptions, helps address more adequately access problems by geographically locating clinics in the most highly populated communities in the service area. This ensures services are more readily accessible to more of the target population—and this includes the diagnosis and treatment of infectious diseases.

With respect to the broad classifications of medical conditions seen by the clinics of SLFHC, the following Table 4 is a summary of the most recent UDS Reports (for the period of 12/01/2007 through 11/30/2008) that demonstrates several health conditions critical for the Pinal County Service Area. As can be seen, asthma, diabetes, heart disease, hypertension, otitis media and eustachian tube disorders many of the major conditions being diagnosed. In addition, there are numbers of diagnosed infectious diseases

Table 4. Selected Diagnoses

Diagnostic Category	Number of Encounters	Number of Users	Average Number of Encounters Per User
Symptomatic HIV	12	6	2
Asymptomatic HIV	1	1	1
Syphilis and Other STDs	52	41	1.26
Chronic Bronchitis and Emphysema	178	111	1.60
Asthma	958	680	1.41
Diabetes Mellitus	7,913	2,405	3.29
Abnormal Breast Findings	35	25	1.40
Abnormal Cervical Findings	434	249	1.74

Heart Disease (Selected)	1,261	600	2.10
Hypertension	5,755	3,224	1.79
Contact Dermatitis and Other Eczema	199	182	1.09
Dehydration	33	26	1.27
Exposure to Heat and Cold	2	2	1
Otitis Media and Eustachian Tube Disorders	1,845	1,378	1.34
Selected Perinatal Medical Conditions	94	51	1.84
Lack of Expected Norma Development	352	139	2.53
Alcohol Dependence	18	14	1.29
Drug Dependence	32	24	1.33
Depression and Other Mood Disorders	291	252	1.15
Anxiety Disorders Including PTSD	299	247	1.21
Other Mental Disorders	160	139	1.15

An additional factor should be mentioned at this point. Based upon the Arizona Physician Workforce Study and a 2007 Arizona Department of Health Services study, Table 5 below summarizes interesting trends with respect to primary care population-to-provider ratios that could impact adequate care for those populations living with HIV/AIDS.

Table 5. Primary Care Population-to-Provider Ratios For Pinal County Service Area

Service Area	Population	PC Physicians (FTE)	Ratio
Whole Pinal County	299,875	39.6	7,573:1
Casa Grande	63,893	23.6	2,707:1
Coolidge	14,616	1.0	14,616:1
Eloy	19,992	2.0	9,996:1
Maricopa	39,975	4.0	9,994:1
San Manuel	30,969	1.0	30,969:1
Oracle and Eloy	No Data	No Data	No Data

5) Currently, the only funding that is used by SLFHC to care for plwh/a is through its sliding fee base payment system and Section 330 funding from HRSA in the amount of \$1,244,000.

ATTACHMENT A

SERVICE PROVIDER APPLICATION

Organization: Sun Life Family Health Center, Inc

Address: 865 N Arizola

City: Casa Grande State: AZ Zip: 85222

Telephone: 520-836-3446

Executive Director/CEO: Travis Robinette

Person completing this form: Sonya Wilkins

Contact Telephone: 520-381-0306

Legal Status: X Non profit 501-C3 ☐ Corporation ☐ LLC ☐ Partnership ☐ Other: _____

Years in Business: 1976: 33

Maricopa County Vendor Registration Complete: X Yes ☐ No Vendor Number: W000005779

Number of paid staff (fte) in your entire organization: 202

Number of volunteer staff in your entire organization: 0

Do you meet the insurance requirements as described in Section 4.10 of this proposal: X Yes ☐ No

If no, will you be able to meet the requirements upon contract approval: ☐ Yes ☐ No

Audit Requirements as described in Section 4.22:

In compliance with OMB Circular A-102 X Yes ☐ No N/A

In compliance with OMB Circular A-110 X Yes ☐ No N/A

In compliance with OMB Circular A-122 X Yes ☐ No N/A

In compliance with OMB Circular A-87 X Yes ☐ No N/A

In compliance with OMB Circular A-21 X Yes ☐ No N/A

In compliance with OMB Circular A-133 X Yes ☐ No N/A

If N/A on any please explain:

In compliance with the records retention policies as described in Section 4.31? X Yes ☐ No

If no, describe how you will meet this contract requirement:

Do you have a written Equal Opportunity Employment Policy Section 4.43? X Yes ☐ No

If no, describe how you will meet this contract requirement:

In compliance with cultural competency as described in Section 4.50 ? X Yes ☐ No

If no, describe how you will meet this contract requirement:

Understand the requirements for using the CAREWare central database system as described in Section

4.51 X Yes ☐ No

If no, describe how you will meet this contract requirement:

In compliance with confidentiality policies as described in Section 4.55? X Yes ☐ No

If no, describe how you will meet this contract requirement:

Do you receive grant funds for your programs: X Yes ☐ No

If yes, please list who you receive the grants from and how long:

Grant Fund 1: HRSA – Health Center Cluster Since: 1976

Grant Fund 2: Since:

Grant Fund 3: Since:

Do you have a financial system in place that will allow you to separate income and expenditures related to each grant and general funds: X Yes ☐ No

If yes, Describe system:

If no, describe how you would be able to implement a system:

Do you have a financial system in place that will allow you to perform third party billing to ensure that funds used under this contract are the payer of last resort? X Yes ☐ No

If no, describe how you would be able to implement a system for this:

Executive Summary

Please respond with brief descriptions in each of these areas (i.e., your response should be a few paragraphs, not pages).

1. Describe the nature of your organization

- Provide your mission and vision statements
- Describe what type of services your organization provides
- Describe the type of clients your organization serves, include demographic make up if available

Mission and Vision Statements: The mission of Sun Life Family Health Center is to deliver comprehensive high quality services to all people in need of affordable, accessible and culturally effective primary care.

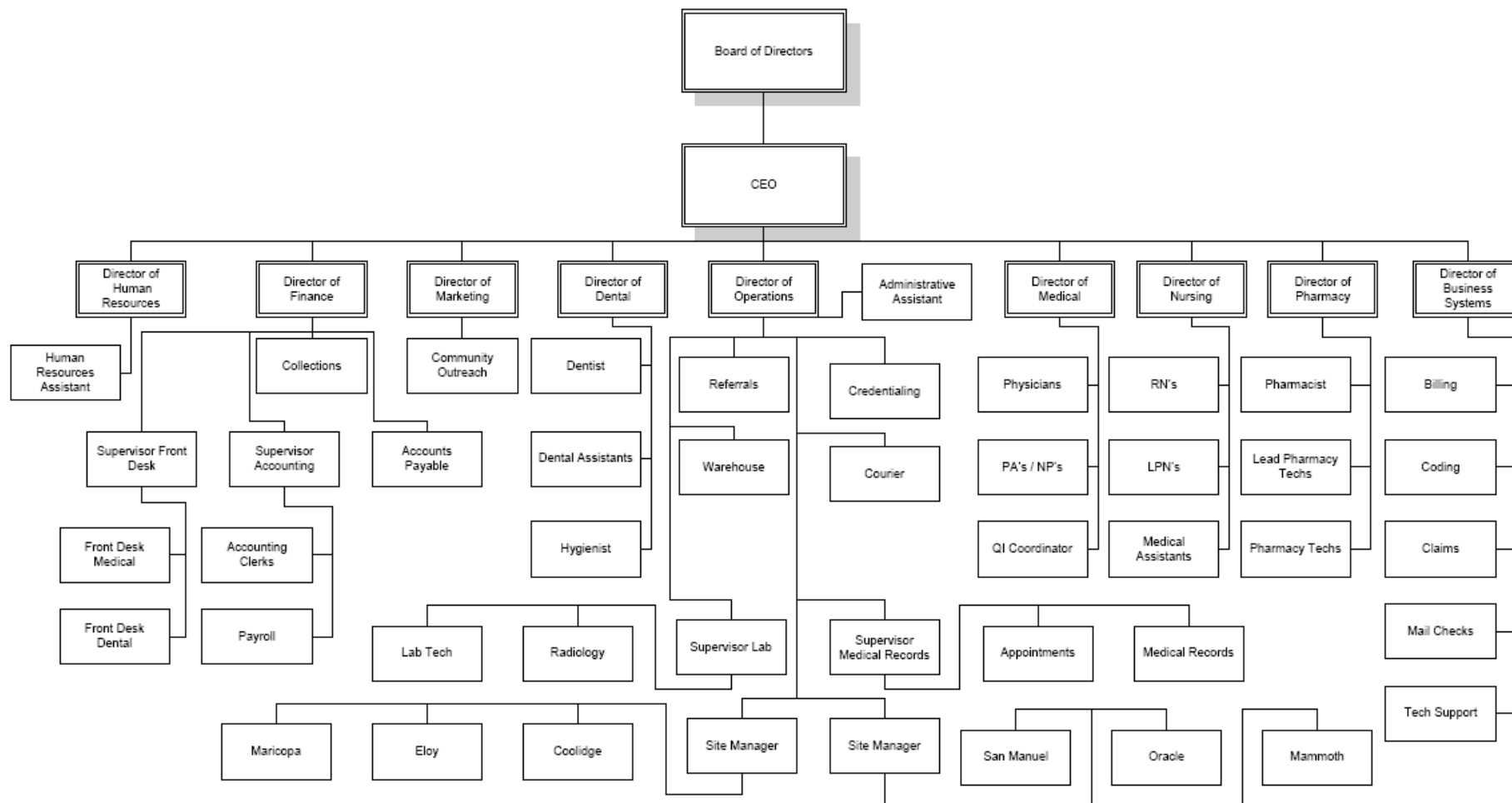
Services Sun Life Provides: Sun Life operates six freestanding clinics with oversight being provided by the Casa Grande clinic. Other sites include: Eloy, Maricopa, San Manuel, Coolidge and Oracle. Other clinics are being planned in additional sites in Pinal County, Arizona. In general, the primary care services that Sun Life provides are; laboratory procedures, diagnostic imaging, pharmacy, family practice, OB/GYN, dentistry and wellness prevention programs. While not all clinics have all of these services, those requiring certain treatment are normally referred to the main clinic in Casa Grande. In addition, the San Manuel site offers on-site integrated behavioral health services.

Types of Clients Served: Sun Life serves all clients whether they can pay or not. The organization uses a sliding fee scale-based formula to determine how much each patient pays. Sun Life serves uninsured, underinsured and insured patients, with a little over 50% of the patient base being Hispanic (See Project Narrative for Details).

2. Provide an organizational chart

See Organization Chart. pdf

Sun Life Family Health Center



Proposal

This section should specifically address the respondent's qualifications to perform services and familiarity of government grant fiscal requirements. Please respond with brief descriptions in each of these areas (i.e., your response should be a few paragraphs, not pages).

1. Organization Qualifications – Provide copies of current licensure to comply with the contractor license agreement portion of this request for proposal.
2. Staffing Qualifications – Provide the qualifications of the personnel whom are qualified to perform the services of this contract. A profile of each individual including a professional resume demonstrating appropriate education and professional experience. Provide copies of current licensure/certification that each staff member has attained.
3. Describe your organization's ability to attain qualified personnel to fulfill the needs of this request for proposal.
4. Describe your organization's marketing plans to ensure that the community is informed about the services you provide.

1. Organization Qualifications: See Attachments.

2. Staffing Qualifications: See Attachments.

3. Organization Ability to Attain Qualified Personnel: Sun Life has a strong history in recruiting and retaining staff. The Center pays highly competitive salaries for key credentialed professionals and it is anticipated that a potential Ryan White contract will be a further inducement for qualified staff to provided needed clinical services. The organization's administration ensures a strong likelihood for staff retention by paying additional compensation for strong job performance and commitment to the Center's mission. The working environment, while fast-paced still promotes a learning environment where many key personnel have considerable independence, but also daily opportunities to learn from colleagues—important for providing services to HIV-positive individuals.

Furthermore, the executive leadership is admired and respected in the state and the reputation of the organization is extremely positive. Word-of-mouth is often sufficient to recruit and hire new staff. The use of web-based national searches and announcements of vacancies are also used. In terms of staff retention, Sun Life offers its employees a very competitive pay and benefits package, annual evaluation and upgrading of pay scales as appropriate, generous vacation and sick leave policies, annual merit increases, a 403b pension program with matching funds upon enrollment, an education assistance program and annual in-house training. To retain providers in a competitive market, a performance compensation program was instituted which rewards physicians based on meeting monthly productivity expectations. Additionally, the healthcare benefits package for providers and their families cost them nothing and, as with other Community Health Centers, they are not required to pay malpractice insurance—all of which play important roles in attaining and retaining qualified personnel.

4. Marketing Plan: Sun Life intends to promote awareness of the availability of these services to people living with HIV and Aids, while preserving the privacy of the people the agency serves. Sun Life will have developed brochures on display in various parts of the clinic and will make these brochures available to other clinics in the area for display, that are not contracted through Ryan White Care Act funds. Sun Life will also maintain the information regarding the HIV and Aids services they offer, in the appropriate sections of their web site.

ATTACHMENT B PRICING/BUDGET FORMS INSTRUCTIONS

Maricopa County Health Care Mandates, as Administrative Agent for the Federal Ryan White HIV/AIDS Treatment Modernization Act of 2006

Part A grant has created and revised the format for budget submissions for all Providers providing services under the Part A C.A.R.E. Act grant.

The attached set of instructions will help you in completion of the Maricopa County Health Care Mandates Part A grant budget forms.

The forms can be completed electronically and sent to:_____ or manually and mailed to_____

Purpose In an ongoing effort to continuously improve the quality of service under the Ryan White Part A grant, these forms will enable providers to efficiently create annualized management budgets that accurately record the budgeted costs of services to the community.

These forms create a standard format to accurately provide reporting information required under the administration of Part A funds.

Every effort has been taken to ensure that the forms are easily completed and accurately reported.

Objective To standardize the budget system utilized by providers of Ryan White Part A funds that will:

- a. Accurately track and report Administrative Costs and Direct Service Costs separately.
- b. Minimize risk of exceeding the Administrative Cost Cap (10% of the aggregate award available for service).
- c. Minimize the real or perceived risk of arbitrary budget approval.

INSTRUCTIONS -

FORM NAME

FORM NUMBER

Cover Page

B05-CV-1

Use this page to enter the summary information for your organization and Ryan White Part A grant award.

* A separate budget packet, including Cover Page, is required for each Ryan White Part A grant award that you have been awarded.

The Cover Page consists of the following:

Name	Enter the official name of your organization
FEIN	Enter your federal employee identification number
Address	Enter the address of your organization
Authorized Contact	the name of the person to be contacted and allowed to make decisions
Telephone	the telephone number of the Authorized Person
Primary Contact	the name of the person(s) to be contacted primarily (if different from above)
Primary Telephone	the telephone number of the Primary Contact
Email	Email of the Primary Contact
Fax	fax number that you can receive facsimile messages/correspondence
Service Category	the service category of the submitted budget packet (see Service Category in your Contract)
Grant Year	the beginning and ending grant year of your budget submission

ATTACHMENT B PRICING/BUDGET FORMS INSTRUCTIONS

Budget Summary

B05-SU-1

This form summarizes all of the line items in the submitted budget packet for the award listed in the Cover Page.

Section I

Summarizes the organizational information provided in the Cover Page.
The information will automatically populate when the Cover Page is complete

Section II

This section summarizes the budget information calculated in the submitted budget packet for this grant. This form is required for all Ryan White Part A awards issued by Maricopa County Health Care Mandates.

This form reports the summary line item amounts allocated as Administrative Costs, Direct Service Cost, and total budget for the budget packet for this service award.

Administrative costs relate to oversight and management of CARE Act funds and include such items as contracting, accounting, and data reporting.

Administrative Costs, defined in Section 2604(f)(3) defines allowable "subcontractor administrative activities to include:

- 1
 - a. Usual and recognized overhead, including establishing indirect rates for agencies;
 - b. Management and oversight of specific programs funded under this title; and
 - c. Other types of program support such as quality assurance, quality control, and related activities." Examples include: salaries and expenses of executive officers, personnel administration, accounting, the costs of operating and maintaining facilities, and depreciation or use allowances on building and equipment.

The Administrative Costs Column, including indirect cost, cannot exceed 10% of the total award

**** Indirect Cost - Providers claiming and indirect cost must submit their most current negotiated indirect cost rate issued federally**

- 2 Direct Services allocations are for service that directly benefits Ryan White HIV clients such as staff, medicine and drugs, clinical supplies, etc..

The final determination for cost allocations between Administrative Costs and Direct Service Costs resides with Maricopa County Health Care Mandates

If completing this form electronically, the information will automatically populate as the budget packet is completed:

* Enter the indirect rate used by your organization in cell [C134], if applicable - see "indirect cost".

Grant Balance - This cell calculates the amount of the grant less the projected costs. This number must equal 0.

ATTACHMENT B PRICING/BUDGET FORMS INSTRUCTIONS

Personnel **B05-PE-1**

Use this form to list ALL persons being paid a salary from the Ryan White Part A grant in this budget packet.

This form calculates the applied annual salary and applied annual benefits per individual FTE.

The Provider must determine if the position(s) listed are Administrative, Direct Service, or Both

* for Both, the Provider must indicate how much of the time spent on Ryan White Part A activities are considered administrative.

For example - a Case Management Supervisor may continue with a case load of their own, in this case, it must be determined how much of their time should be allocated to Administrative duties and Direct Service support.

The Cells referenced in the form (#) requiring entry are:

- (A) Full Time Hours. This is used to determine the annual hours for full time staff.
(Typically 2,080)
- (B) Benefits
Enter a brief name of all benefits included for staff and the percentage of gross salary associated with that benefit.

(I.e., Social Security - 6.75
(FICA) %)
- (C) and (C-a) Enter the position title and staff members last name.
- (D) Enter the FTE, or fraction of full time, that this person will work on this Part A grant
(I.e., A person who spends 1/2 of full time hours on this grant would be .5 FTE)
- (E) Enter the position's hourly rate
- (H) Determine whether a persons primary responsibilities on this grant will be for Direct Service activities or Administrative Activities by entering A or D.
* For a staff member who has both responsibilities, enter A
- (I) Enter how much of the persons time is spent on Administrative duties.
(I.e., a staff member can spend 90% of their time doing administrative duties and 10% performing Direct Services.)

The Cells referenced in the form (#) that are calculated are:

F,G,J,K,L,M,N,O,P,Q

These calculations are explained in under each of the Cell references. If submitting this form manually, follow the directions listed in the formula bar.

Travel **B05-TV-1**

Use this form to budget any travel expenses associated with the services of the Ryan White Part A Grant.

This form consists of two (2) sections - Mileage and Other Travel

Mileage This section establishes a budget amount, both Administrative and Direct Service, for mileage reimbursement in conjunction with providing services to the grant.
The Provider is to determine the per mile rate that they reimburse staff for (Cell [E12])
Maricopa County Health Care Mandates has adapted a standard formula to apply all mileage reimbursements budgets.

The mileage budget form requires the following entries:

- (A) Enter the number of FTE both Administrative and Direct Service in the corresponding row.

ATTACHMENT B PRICING/BUDGET FORMS INSTRUCTIONS

The information will automatically populate as the Personnel form is completed.

- (B) Enter the annual miles that are annually budgeted for one (1) FTE staff person.
***Do not use partial FTEs, only the annual miles for 1 FTE.**
- (C) [Cell E16] Enter the current rate used by your organization to reimburse mileage requests
- (G) Provide a detailed justification of the travel budget requested, both Administrative Cost and Direct Services.

Cell References: (D), (E), and (F) are calculated automatically.

Other Allowable Travel

In some cases, other travel may be allowed under the Ryan White Part A Grant.
Each item listed in this section must have a detailed and accurate budget justification attached.

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs

- (A) Enter the dates that the other travel is expected.
- (B) and (C) Enter the estimated cost and description of the expense
*this can include car rental, parking fees, etc.
- (G) Provide a detailed description of the justification, in relation to Ryan White Part A services as awarded in this grant.

Columns (D), (E), and (F) are calculated automatically.

Supplies

B05-SP-1

Use this form to create the supplies budget for the Ryan White Part A grant for this budget packet.
Supplies can include general office supplies, (pens, paper, etc.) and program and medical supplies.

Section I General Office Supplies

Maricopa County Health Care Mandates has initiated a standard allocation model for general office supplies:
(Administrative Allocation = Total Budget x Percent of administrative FTE to total FTE)

When completing the general office supplies chart manually, use the information calculated in (N), (O), (P), and (Q) of the Personnel Worksheet (Form B05-PE-1)

Section II Program Supplies

This chart can be used to identify and budget for program specific and/or medical supplies used in providing services.
Program Supplies have been determined to be Direct Service Costs, however final determination resides with Maricopa County Department of Public Health.

Equipment

B05-EQ-1

Use this form to budget for equipment needed to support services under this Part A grant.

Indicate the item budgeted, the total budgeted amount, and a detailed justification of the equipment to be purchased.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Contractual B05-CT-1

Use this form to budget for consulting, contract labor, and/or subcontracts in conjunction with operating this Part A grant.

For each section, indicate the name, licenses/qualifications, hours budgeted, quoted rate, dates of service, and a detailed justification for why these services are necessary to provide services.

Other Program Support B05-SP-1

Use this form to budget for other support necessary to provide services under this grant. This form applies the FTE ratio for the expenditures including: telephone, postage, copying, and utilities.

Other Professional Services B05-PF-1

Use this form to budget for other professional services; audit/accounting, insurance, rent/space, or other professional services.

For each section, indicated the provider of service(s), the rate, a detailed description of the services provided, and the method of calculating the budget for this Part A grant.

This section allows providers to indicate the percentage requested as administrative and direct service. Final determination reside with Maricopa County Health Care Mandates County Health Care Mandates.

NAME OF ORGANIZATION: Sun Life Health Centers

Fed. Employee ID #
(FEIN) 86-0296211

ADDRESS: 865 N. Arizola Road
Casa Grande
Arizona 85222

AUTHORIZED CONTACT Travis Robinette

TELEPHONE 520-836-3466 FAX 520-836-8807

E-MAIL travisr@slfhc.org

PRIMARY CONTACT
same

TELEPHONE _____ FAX _____

EMAIL _____

SERVICE CATEGORY Clinical Services (Feferally Qualified Health Center)

GRANT PERIOD: 5/1/2009 2/28/2010
Start Date End Date

AMOUNT See Attachment B Addendum 1

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

(Section I)

See Attachment B Addendum 1

Organization

Sun Life Health Centers

Contract Number

**(Enter
Contract #)**

Service Category

Clinical Services (Feferally Qualified Health Center)

Grant Period

May-09

Through

February-10**Narrative of Grant:**

(Enter the Planning Council Definition of this service.)

(Section II)

Budget Requested:See
Attachment B
Addendum 1

Operating Expenses			Administrative Budget	Direct Service Budget	Total Budget
Personnel:	Salaries	0 FTE	\$-	\$-	\$-
Personnel:	Fringe/Benefits		-	-	-

**Subtotal:
Personnel**

-	-	-
---	---	---

Other Direct Costs

Travel		-	-	-
Supplies		-	-	-
Equipment		-		
Contractual		-	-	-
Program Support		-	-	-
Other Professional Services		-	-	-

Subtotal: Other Direct Costs

-	-	-
---	---	---

Total Operating Expenses(Personnel and Other Direct
Costs)

-	-	-
---	---	---

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Indirect Costs				-	-
Indirect Rate		0%			

(Providers claiming an indirect cost must submit their most current negotiated

indirect cost rate issued by the cognizant federal agency.)

Total Costs of Grant	(Percent of Total)	-	-	\$-
(Total Operating Expenses plus Indirect Costs)		0%	0%	

**GRANT
BALANCE**

(Grant Revenue less Total Costs of Grant)

#VALUE!

The Grant balance must equal
zero

#VALUE!

Finance Approval _____ Date: _____

Exec. Director Approval _____ Date: _____

Administrative Agent _____ Date: _____

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Personnel All staff paid in full or part from this Ryan White Title I grant are to be listed in the following chart.

1 Staffing

Provider	Auto
Entry	Calculation

(C)	(C - a)	(D)	(E)	(F) = (A)*(E)*(D)	(G) = (F)*(B)	(H)	(I)	(J) = (F)*(I)	(K) = (G) * (I)	(L) = (F) - (J)	(M) = (G) - (k)
Staffing Advanced Cardiac Specialists Clinical Services											
Position Title	Last Name	FTE	Rate	Gross Applied to grant per FTE	Benefits Applied to grant per FTE	Job Status	Percent applied as Administrative	Gross Admin Salary	Gross Admin Benefits	Direct Service Salary	Direct Service Benefits
				-	-	A		-	-	-	-
Please see "Attaqchment "B" Supporting Schedule - Component Descriptions "Blended Wage at Ratio"											
				-	-	A		-	-	-	-
				-	-			-	-	-	-
				-	-			-	-	-	-
				-	-		0%	-	-	-	-
				-	-			-	-	-	-
TOTAL		0		-	-			-	-	-	-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

TRAVEL

Travel can be budgeted for the cost of staff mileage and other travel associated with Ryan White CARE Act Title I funds.

- 1 Mileage** Mileage will be budgeted utilizing the standard calculation of annual miles for a full time staff person x the rate determined by your organization per mile x the number of FTE(s) budgeted to provide services under this grant.

	(A)	(B)	(C)	(D) = (B)*(C)*(A)	(E)	(F)	(G)
Mileage Advanced Cardiac Specialists Clinical Services							
	FTE	Annual Miles Budgeted (Per 1 FTE)	Miles Applied to Grant	Budget \$0.00	Admin	Direct Svc	Description
1	Admin	0	0	\$-	-	-	NONE
2	Direct Svc	0	0	-		\$0.00	NONE
	TOTAL		0	0	-	-	\$-

(Total Miles applied to this grant)

(B) Note - Budget annual mileage for 1 FTE.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

2 Other Allowable Travel

At this time, Maricopa County Health Care Mandates has determined that costs included in this section are Administrative Costs.

(A)	(B)	(C)	(D) = (B)+(C)	(E) = (D)	(F)	(G)
Other Allowable Travel Advanced Cardiac Specialists Clinical Services						
Dates of Travel	Cost Line Item	Cost Line Item	Total Budget	Admin	Direct Service	Description
1	\$-	\$-	-	-	0	NONE
Description					0	
2	\$-	\$-	-	-	0	NONE
Description					0	
3	\$-	\$-	-	-	0	NONE
Description					0	
			-	-	-	\$-

		Admin	Direct Service	Total
SUMMARY	(Travel)	-	-	-

ATTACHMENT B **PRICING/BUDGET FORMS INSTRUCTIONS**

The supplies line item is used to budget funds for supplies used in the operations of the budget. This category can include general office supplies and program/medical supplies.

General Office Supplies:
includes pens, paper, toner,
etc.

(Apply at FTE Ratio)

	(A)	(B)	(C) = (A)*(1-(B	(D) = (B) + (C)	(E)
General Office Supplies Advanced Cardiac Specialists Clinical Services					
Item	Annual Budget	Admin 0%	Direct Service	Total	Narrative
1		-	-	-	Please see "Attachment "B" Supporting Schedule - Component Descriptions "Financial Costs of Other Clinical"
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

2 Program Supplies

Program Supplies have been deemed Direct Service.

(A)	(B)	(C)	(D) = (B)	(E)	(F)
Program Supplies Advanced Cardiac Specialists Clinical Services					
Description	Annual Budget	Admin	Direct		Narrative
1		0	-		Please see "Attachment "B" Supporting Schedule - Component Descriptions "Financial Costs of Other Clinical"
2			-		
3			-		
4			-		
5			-		
.....			-		
	TOTAL	-	-	TOTAL	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Equipment less than \$1,000 -
includes computers, fax machines,
shredders, and adding machines to be
used in the operations of this grant.

(Apply at FTE Ratio)

	(A)	(B)	(C) = (A)*(1-(B))	(D) = (B) + (C)	(E)
Equipment less than \$1,000 Advanced Cardiac Specialists Clinical Services					
Description	Allocated Budget	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-	-	
4		-	-	-	
5		-	-	-	
.....		-	-	-	
TOTAL		-	-	TOTAL	\$-

Summary

- -

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

The equipment line item is budgeted for equipment purchased or leased in conjunction with operations of the grant.

Equipment greater than \$1,000

- 1 Equipment greater than \$1,000 - Include large equipment necessary to be used in the operations of this grant. Please note that there are more requirements for approval.

(A)		(B)	(C)	(D) = (B * (1 - (C)))	(D) = (B) + (C)
(E)					
Equipment greater than \$1,000 Advanced Cardiac Specialists Clinical Services					
Item Budgeted	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative
1	0	-	-	-	
2		-	-	-	
3		-	-		
4		-	-		
5		-	-		
		-	-		
TOTAL		-	-	TOTAL	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

The Contractual line item is used for consulting and contracting to be utilized in conjunction with operations of the grant.

This budget category includes payments to outside consultants and temporary services. Use this section for both professional and clerical support.

Consulting

1 Consulting - Include any payments anticipated for consulting and capacity building services

Consulting Advanced Cardiac Specialists Clinical Services									
Consultant	Hours Budgeted	Quoted Rate	Total Budget	Admin Budget %	Admin Budget	Direct Service	Dates of Service		
1		0	-	0%	-	-			
	Licenses / qualifications								
	Narrative								
2		0	0	-	0%	-	-		
	Licenses / qualifications								
	Narrative								
3				-		-	-		
	Licenses / qualifications								
	Narrative								
4									
					TOTAL	-	-	\$-	

ATTACHMENT B **PRICING/BUDGET FORMS INSTRUCTIONS**

Subcontracts

- 2 Include any payments for subcontracts to provide services under this grant.

Backup is required for each subcontract listed in this section. Maricopa County Department of Public Health

will enforce the 10% administrative Cost Cap established by HRSA for first-line entities receiving Title I funds.

Subcontracts Advanced Cardiac Specialists Clinical Services							
Contract Provider	Units/Hours Budgeted	Quoted Rate	Total Budget	Admin Rate	Admin Budget	Direct Service	Dates of Service
1 Delta			-	0%	-	-	
Service(s) Provided							
Narrative							
2			-		-	-	
Service(s) Provided							
Narrative							
3			-		-	-	
Service(s) Provided							
Narrative							
				TOTAL	-	-	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Other Program Support

1 Telephone

Telephone Advanced Cardiac Specialists Clinical Services					
Description	Annual Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1 Cell Phones	0	-	-	-	
2 Direct Line		-	-	-	
3		-	-		
		-	-		
TOTAL		-	-	TOTAL	\$-

2 Copy/Duplicating

Copy/Duplicating Advanced Cardiac Specialists Clinical Services					
Description	Budget	Admin 0%	Direct Service	Total	Narrative Justification
1 Program Brochures					
	0		-	-	
2 Other Copying/Duplicating					
	0	-	-	-	
	0	-	-	-	
	0	-	-	-	
TOTAL		-	-	TOTAL	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Budget Category 6 4

3 **Postage**

Postage Advanced Cardiac Specialists Clinical Services					
Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
		-	-		
TOTAL		-	-	TOTAL	\$-

4 **Utilities**

Utilities have been deemed 100% administrative. (Ruling 6.6.B05)

Utilities Advanced Cardiac Specialists Clinical Services					
Description	Amount Budgeted	Admin 0%	Direct Service	Total	Narrative Justification
1	0	-	-	-	
		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

4 **Other Program Support**

Other Program Support Advanced Cardiac Specialists Clinical Services					
Description	Budgeted Amount	Admin 0%	Direct Service	Total	Narrative
1 Lab work, Nurse	50	-	-	-	Please See Attachment "B" Supporting Schedule - Component Description "Financial Costs of Other Clinical"
Spervision, Blood draw		-	-	-	
		-	-	-	
		-	-	-	
TOTAL		-	-	TOTAL	\$-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

1 Audit/Accounting/Finance

Audit/Accounting/Finance Advanced Cardiac Specialists Clinical Services									
Vendor	Hours Budgeted	Quoted Price*	Total Price	Dates of Service	Admin	Direct Service	Description		
a	0	0	-		-				
Cost Method Used									
Budget Justification									
b			-		-				
Cost Method Used									
Budget Justification									
c					-				
Cost Method Used									
Budget Justification									
				TOTAL	-		\$	-	

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

2 Insurance

Insurance Advanced Cardiac Specialists Clinical Services									
	Insurance	Annual	Percent	Total	Dates		Direct		
	Type	Premium	To grant	Grant	of Service	Admin	Service		
a		0	0%	-		-			
	Cost Method Used								
	Budget Justification								
b		0	0%	-		-			
	Cost Method Used								
	Budget Justification								
c			0%	-		-			
	Cost Method Used								
	Budget Justification								
					TOTAL	-		\$	-

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

3 Rent/Space

Rent/Space Advanced Cardiac Specialists Clinical Services									
a	Provider	Annual Rent	Percent to Grant	Total Grant	Dates of Service	Admin	Direct Service	Description	
		0	0%	-		-			
	Cost Method Used								
	Budget Justification								
				TOTAL		-		\$	-

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

4	Other Professional Service								
	Other Professional Service Advanced Cardiac Specialists Clinical Services								
	Vendor	Hours Budgeted	Quoted Price*	Total Price	Admin Budget %	Admin	Direct Service	Description	
a		0	0	-	0%	-	-		
	Cost Method Used								
	Budget Justification								
b				-		-	-		
	Cost Method Used								
	Budget Justification								
c						-	-		
	Cost Method Used								
	Budget Justification								
				-	TOTAL	-	-	\$	-

ATTACHMENT B

PRICING/BUDGET FORMS INSTRUCTIONS

Instructions: Complete the yellow sections for this template. All information will be linked to the Unit Cost sheet of this work book. This sheet allows for planning and cost calculations for services to be provided under this grant. Providers may utilize this sheet to determine costs of units that they are proposing for the contract. Providers also have the option to utilize the Unit Cost Narrative sheet at the end of this workbook.

Organization Name:

Contract:

	(A) Activity (From Work Statement)	(B) Product / Unit Name	(C) Number of Units Proposed	(D) Proposed Fee Per Product / Deliverable	Schedule of Deliverables												(E) Total Payment Per Objective / Activity
					Mar	Apr	May	June	July	Aug	Sep	Oct	Nov	Dec	Jan	Feb	
1			-	-													-
2			-	-													-
3			-	-													-
4			-	-													-
5			-	-													-
6			-	-													-
7			-	-													-
8			-	-													-
TOTAL			-		-	-	-	-	-	-	-	-	-	-	-	-	

-

\$-

\$-

(Over Budget)

(A) From the Work Statement - enter which activity this unit relates to.

(B) Product/Unit Name - Enter the name that identifies this unit.

(C) Enter the number of units proposed for the contract year.

(D) This fee calculates automatically, based on the budget and unit cost from the Unit Cost Worksheet.

Schedule of
Deliverables

Enter the number of units BY MONTH proposed in the corresponding column and row.

(E) This calculates the total amount budgeted, based on proposed units x proposed fee, for this contract.

ATTACHMENT B **PRICING/BUDGET FORMS INSTRUCTIONS**

1

Unit of Service (Name)

0

Unit Definition
(Describe the Unit)

Please see attachment B "Addendum 1" Rate Table

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
			-	-		-
			-	-		-
			-	-		-
			-	-		-
		-	-	-	-	-
		-	-	-	-	-
						-

Other Direct Costs

Total Direct Cost Budget	Units Prop	Percent to total
--------------------------	---------------	---------------------

Travel

-	-	#DIV/0!
---	---	---------

Supplies

-		
---	--	--

Equipment

-		
---	--	--

Contractual

-		
---	--	--

PS

-		
---	--	--

Other Direct Costs

-		
---	--	--

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

Administrative Costs

Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
----------------	--------------	-----------	----------	-------	----------

Salaries

-	-	-	#DIV/0!	-	#DIV/0!
---	---	---	---------	---	---------

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Total Admin Cost	Units Prop	Percent to total
------------------	---------------	---------------------

Travel

-	-	#DIV/0!
---	---	---------

Supplies

-		
---	--	--

Equipment

-		
---	--	--

Contractual

-		
---	--	--

PS

-		
---	--	--

Other Direct Costs

-		
---	--	--

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

2

Unit of Service (Name)

0

Unit Definition
(Describe the Unit)

Units Proposed

0

Percent of Total

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Travel

Supplies

Equipment

Contractual

PS

Other Direct Costs

Total Direct Cost Budget	Units Prop	Percent to total		
-	-	#DIV/0!		#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!

Administrative Costs

Salaries

Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
-	-	-	#DIV/0!	-	#DIV/0!
-					#DIV/0!

Total Admin Labor Cost

Other Direct Costs

Travel

Supplies

Equipment

Contractual

PS

Other Direct Costs

Total Admin Cost	Units Prop	Percent to total		
-	-	#DIV/0!		#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!
-				#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

3

Unit of Service (Name)
Unit Definition (Describe
the Unit)

0

Units Proposed
Percent of Total

0

#DIV/0!

Direct Costs

POSITION	Direct Services duties (provide a brief narrative of what this person will be doing for this unit)	Hourly Rate (or average if more than one FTE)	Hourly BNF	Total Salary and Benefits (Hourly)	Direct Svc Time spent (minutes)	
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-
		-	-	-	-	-

Other Direct Costs

Travel

Supplies

Equipment

Contractual

PS

Other Direct Costs

Total Direct Cost Budget	Units Prop	Percent to total	
-	-	#DIV/0!	#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!

Administrative Costs

Admin Salaries	Admin BNF	Ttl Admin	% of Ttl	Units	per unit
-	-	-	#DIV/0!	-	#DIV/0!

Salaries

Total Admin Labor Cost

#DIV/0!

Other Direct Costs

Travel

Supplies

Equipment

Contractual

PS

Other Direct Costs

Total Admin Cost	Units Prop	Percent to total	
-	-	#DIV/0!	#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!
-			#DIV/0!

Indirect

-

#DIV/0!

#DIV/0!

ATTACHMENT B PRICING/BUDGET FORMS INSTRUCTIONS

Instructions: Use this worksheet to submit manual calculations of proposed reimbursement rates for services provided under this grant.
 Complete one section for each unit of service proposed. (i.e, face-to-face visit)
 It is the Provider's responsibility to adequately identify costs associated with this service.
 Unallowable and/or unnecessary costs will be rejected by MCDPH.

Unit Name:

CPT 4 Code 99211 Office Visit

Definition:

This is an office visit coded with Medicaid Procedure Code 99211, accuity level 1 (low)

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:

One office Visit

Reimbursement Rate Requested:

\$ 41.67

(enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost:
(PER UNIT)

(Use this section to justify the rate at which you are requesting to be reimbursed.)

	Description of Cost	Cost	Narrative Justification
1	Blended Cost of Clinical Wages	11.06	Two physicians and one Registered Nurse
2	Financial Cost of Other Clinical	25.69	Supervision, Lab Tests, all supporting clinical
3	Employment Related Costs	0.75	FICA, FUTA, SUTA, and all benefits.
4	General and Administrative Costs	4.17	Legal, Accounting, Copying, Printing, Admin. Staff
5	TOTAL Value	41.67	
6			
7			
8			
9			
10			

Description of Cost Identify the cost associated with providing this cost.
(i.e., personnel and benefits utilized in providing one unit.)

Cost Input the amount PER UNIT

Narrative Justification Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost.
any other information relevant to justify this cost.

ATTACHMENT B PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:	CPT 4 Code 99212 Office Visit
Definition:	This is an office visit coded with Medicaid Procedure Code 99212, accuity level 2 (low - moderate)

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:	One office Visit
-------------------	------------------

Reimbursement Rate Requested: \$ 83.37 (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1	Blended Cost of Clinical Wages	22.13	Two physicians and one Registered Nurse
2	Financial Cost of Other Clinical	51.41	Supervision, Lab Tests, all supporting clinical
3	Employment Related Costs	1.50	FICA, FUTA, SUTA, and all benefits.
4	General and Administrative Costs	8.33	Legal, Accounting, Copying, Printing, Admin. Staff
5	TOTAL Value	83.37	
6			
7			
8			
9			
10			

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:	CPT 4 Code 99213 Office Visit
Definition:	This is an office visit coded with Medicaid Procedure Code 99213, accuity level 3 (moderate)

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:	One office Visit
-------------------	------------------

Reimbursement Rate Requested:	\$ 111.18	(enter the rate at which you are submitting to be reimbursed for this service.)
-------------------------------	-----------	---

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1	Blended Cost of Clinical Wages	31.35	Two physicians and one Registered Nurse
2	Financial Cost of Other Clinical	72.83	Supervision, Lab Tests, all supporting clinical
3	Employment Related Costs	2.12	FICA, FUTA, SUTA, and all benefits.
4	General and Administrative Costs	11.81	Legal, Accounting, Copying, Printing, Admin. Staff
5	TOTAL Value	111.18	
6			
7			
8			
9			
10			

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

**ATTACHMENT B
PRICING/BUDGET FORMS INSTRUCTIONS**

Unit Name:	CPT 4 Code 99214 Office Visit
Definition:	This is an office visit coded with Medicaid Procedure Code 99214, accuity level 4 (moderate - high)

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:	One office Visit
-------------------	------------------

Reimbursement Rate Requested:

\$
222.32

 (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1	Blended Cost of Clinical Wages	59.01	Two physicians and one Registered Nurse
2	Financial Cost of Other Clinical	137.09	Supervision, Lab Tests, all supporting clinical
3	Employment Related Costs	3.99	FICA, FUTA, SUTA, and all benefits.
4	General and Administrative Costs	22.23	Legal, Accounting, Copying, Printing, Admin. Staff
5	TOTAL Value	222.32	
6			
7			
8			
9			
10			

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

ATTACHMENT B PRICING/BUDGET FORMS INSTRUCTIONS

Unit Name:	CPT 4 Code 99215 Office Visit
Definition:	This is an office visit coded with Medicaid Procedure Code 99215, accuity level 5 (high)

(Briefly describe and define the unit of service that you are proposing)

Unit Measurement:	One office Visit
-------------------	------------------

Reimbursement Rate Requested: \$ 277.89 (enter the rate at which you are submitting to be reimbursed for this service.)

* This number must match the total in the section below.

Unit Cost: (Use this section to justify the rate at which you are requesting to be reimbursed.)
(PER UNIT)

	Description of Cost	Cost	Narrative Justification
1	Blended Cost of Clinical Wages	73.76	Two physicians and one Registered Nurse
2	Financial Cost of Other Clinical	171.35	Supervision, Lab Tests, all supporting clinical
3	Employment Related Costs	4.99	FICA, FUTA, SUTA, and all benefits.
4	General and Administrative Costs	27.79	Legal, Accounting, Copying, Printing, Admin. Staff
5	TOTAL Value	277.89	
6			
7			
8			
9			
10			

Description of Cost	Identify the cost associated with providing this cost. (i.e., personnel and benefits utilized in providing one unit.)
Cost	Input the amount PER UNIT
Narrative Justification	Briefly describe how this cost was calculated, the reason for this cost, and any other information relevant to justify the cost. any other information relevant to justify this cost.

**ATTACHMENT B
SUPPORTING SCHEDULE ADDENDUM 1**

ATTACHMENT "B" SUPPORTING SCHEDULE Addendum 1

BILLABLE UNIT:				Office Visit Code:	99211	99212	99213	99214	99215
		Note		A	6	12	17	32	40
Wage Base	MD	1	\$79.33	B	\$7.93	\$15.87	\$22.48	\$42.31	\$52.89
Wage Base	RN	2	\$31.31	B	\$3.13	\$6.26	\$8.87	\$16.70	\$20.87
Value of the clinical staff time (Nurse and Physician combined):					\$11.06	\$22.13	\$31.35	\$59.01	\$73.76
Financial Costs of Other									
Clinical:		3	232.3%		\$25.69	\$51.41	\$72.83	\$137.09	\$171.35
Employment Related:		4	23.9%		\$0.75	\$1.50	\$2.12	\$3.99	\$4.99
G&A (Indirect):		5	10.0%		\$4.17	\$8.33	\$11.81	\$22.23	\$27.79
VALUE OF THE PROCEDURE CODE:					\$41.67	\$83.37	\$118.11	\$222.32	\$277.89
Visits per year per person assumed:	3		Utilization:	C	20%	25%	25%	20%	10%
Assumption of People Served:	20		Year 1	D	4	5	5	4	2
Number of visits for each type of office visit (estimated)	60				12	15	15	12	6
Total Cost of Population, and by CPT 4 Code:			\$7,857.41		\$500.04	\$1,250.55	\$1,771.65	\$2,667.84	\$1,667.33
Assumption of People Served:	50		Hypothetical	E	10	12.5	12.5	10	5
Number of visits for each type of office visit (estimated)	150				30	37.5	37.5	30	15
Total Cost of Population, and by CPT 4 Code:			\$19,643.53		\$1,250.10	\$3,126.38	\$4,429.13	\$6,669.60	\$4,168.33
Assumption of People Served:	70		Hypothetical	F	14	17.5	17.5	14	7
Number of visits for each type of office visit (estimated)	210				42	52.5	52.5	42	21
Total Cost of Population, and by CPT 4 Code:			\$27,500.94		\$1,750.14	\$4,376.93	\$6,200.78	\$9,337.44	\$5,835.66
FOOTNOTES				Explanation of Numbers:					
<1> Taken from Bureau of labor statistics for Arizona for Physicians code 29-1069 Mean Hourly Wage.				A	Some people come in with greater needs than others, so the office visits are not always the same. This number is the minutes assumed by the clinical time to be needed for this procedure. It is based on a balance of 1 physician and 1 nurse.				
<2> Taken from Bureau of labor statistics for Arizona for Registered Burse code 29-1069 Mean Hourly Wage.				B	In order to calculate the value of the clinical time needed, which is expressed in minutes, a dollar per minute calculation is necessary.				
<3> Research performed on Federally Qualified Health Centers serving Los Angeles county, general ledgers.				C	The actual distribution of the usage of codes is impossible to predict perfectly, in the absence of local historic data for Pinal County.				
<4> Research performed on Federally Qualified Health Centers serving Pinal County, general ledgers.				D	20 people are assumed to be served initially.				
<5> Ryan White Care Act approved upper limit.				E	This is an example of the total expenditures if 50 people are served.				
				F	This is an example of the total expenditures if 70 people are served.				

**ATTACHMENT B
SUPPORTING SCHEDULE ADDENDUM 1**

**ATTACHMENT “B” SUPPORTING SCHEDULE
COMPONENT DESCRIPTIONS**

Intro: The standard fee development structure for out-patient clinic visits is designed to compensate five different office visits which are assigned a Medicaid procedure code (CPT 4 code) for each type of visit. These visits vary based on the need of the patient and range between low level of acuity (99211), moderate low level of acuity (99212), moderate acuity (99213), moderately high level of acuity (99214) and high level of acuity (99215). A guide is provided at the end of this Attachment supporting schedule (Addendum B 2) which gives instructions for the selection of the different codes.

The compensation structure is created using four cost component assumptions: Direct Staff Wage Base, Financial Costs of Other Clinical, Employment Related (or Benefits), and General & Administrative (Indirect). The components are calculated as a percentage applied to the Wage Base, and ten percent (10%) of the total is added.

The Family Practice Notebook © 2008 was used as the source of guidelines for how much clinical time is needed for each procedure code based on the events that are assumed in the visit. A ratio of one physician to one registered nurse is used in the calculations.

The value of one minute of each clinical member’s time is calculated so that the number of clinical team minutes for each visit can be calculated.

Direct Staff Wage Base: The clinical team consists of one doctor to one registered nurse. The wages for these three people are calculated for the number of minutes indicated for the procedure code, and added together so that other component percentages can be multiplied by that amount.

Financial Costs of Other Clinical: This cost component exists in Federal Qualified Health Center compensation regulations (California) and consists of:

- All nursing and clinical professional staff, other than the direct clinical team.
- All Lab Work.
- Nurse Supervision.
- All clinical supplies.
- Pharmaceutical are not included in this number.

Employment Related: (Benefits) include all non-discretionary (FICA, FUTA, SUTA, Worker’s Comp, Unemployment) and discretionary (health insurance, retirement, profit sharing, tuition reimbursement).

General and Administrative: (Indirect) includes copying, printing, office supplies, telephone, computers, software, license fees, legal, accounting & auditing, payroll services, Administrative Staff salaries (Executive Director, Chief Executive Officer) and all other office expenses. This cost component percentage is limited to ten percent (10%) by the Ryan White Care Act.

DIRECTIONS FOR SELECTION OF THE CPT 4 CODES:

SUMMARY OF CRITERIA FOR ESTABLISHED PATIENT OUTPATIENT VISIT CODES

Established Outpatient: CPT Code 99211

- Key components not required
- Physician need not be present (only supervising)
- Evaluation and Management (E/M) Minimal Problem
- Staff Time: 4 - 8 minutes

Established Outpatient: CPT Code 99212

- Key Components (2 of 3 meet or exceed requirements)
- E/M Problem Focused History
- E/M Problem Focused Exam
- E/M Straightforward Medical Decision
- E/M Self Limited or Minor Problem
- Physician Time: 9 - 14 minutes

Established Outpatient: CPT Code 99213

- Key Components (2 of 3 meet or exceed requirements)
- E/M Expanded Problem Focused History
- E/M Expanded Problem Focused Exam

ATTACHMENT B
SUPPORTING SCHEDULE ADDENDUM 1

- E/M Low Complexity Medical Decision
- Problem severity
- E/M Low Severity Problem
- E/M Moderate Severity Problem
- Physician Time: 15 - 19 minutes

Established Outpatient: CPT Code 99214

- Key Components (2 of 3 meet or exceed requirements)
- E/M Detailed History
- E/M Detailed Exam
- E/M Moderate Complexity Medical Decision
- Problem Severity
- E/M Moderate Severity Problem
- E/M High Severity Problem
- Physician Time: 20-35 minutes

Established Outpatient: CPT Code 99215

- Key Components (2 of 3 meet or exceed requirements)
- E/M Comprehensive History
- E/M Comprehensive Exam
- E/M High Complexity Medical Decision
- Problem Severity
- E/M Moderate Severity Problem
- E/M High Severity Problem
- Physician Time: 36 - 60 minutes or more

ATTACHMENT C
Maricopa County Department of Workforce Management and Development
Ryan White Part A Program
Phoenix, EMA
FY 2008/2009

Sun Life Family Health Centers

FY 2008/2009 WORK PLAN FOR

Clinical Services

Performance Measure FY 2008/2009

- 1) Number of new clients =20
 2) Number of returning clients =Not Applicable
 3) Face to Face visits = 60

- 4) =
 5) =
 6) % of compliance =100%
 7) Total # unduplicated clients=20

Challenge: To identify and treat HIV/AIDS-positive individuals within the communities of Pinal County.

Goal: The long-term goal of this proposed project is to provide comprehensive primary clinical care, including pharmacy services to HIV-positive individuals of Pinal County.

OBJECTIVES:	ACTIVITIES	IMPLEMENTATION PLAN/POSITIONS REQUIRED	HOW GOALS WILL BE MEASURED/ATTAINED/ EVALUATION METHODS
<p>Goal 1: SLFHC will enhance the integration of care and services to people living with HIV/AIDS within Pinal County.</p> <p><u>Objective 1.1:</u> Sun Life will provide clinical services to a minimum of 20 clients a year.</p> <p><u>Objective 1.2:</u> SLFHC will integrate 100% of their primary care and psycho-social case management for those populations living with HIV/AIDS.</p> <p><u>Objective 1.3:</u> SLFHC will develop a minimum of 3 peer identification trainings for providers and support staff over the first year of funding.</p> <p><u>Objective 1.4:</u> SLFHC will fully integrate (100%) HIV/AIDS-related</p>	<p>The project will: (Define and describe the activities associated with the objectives and how they will achieve the goals and objectives as stated)</p> <p>For objective one, Sun Life will provide integrated primary/clinical care and referral to behavioral health consultations for those individuals that have been identified as HIV-positive. In addition, trainings will be provided to providers and support staff as deemed appropriate by the end of the first year of the contract.</p> <p>Also, Sun Life will take proactive steps to ensure that all potential patients receive testing, counseling and follow-up services—to include adherence to using prescribed medications.</p>	<p>Implementation:</p> <p>For all stated Goals and Objectives, Sun Life will be able to implement all proposed activities immediately upon receiving a contract. This is because of already identifying those providers and support staff who will be providing the clinical and pharmacy services.</p> <p>Responsible staff: (For each activity and measurement, indicate the staff responsible)</p> <p>For all proposed activities, the responsible staff will be the identified medical providers and support staff. Please see resumes and enclosed licenses</p>	<p>Narrative Measure Statement: Goal 1 will be measured by evaluating the numbers of initial primary care visits for the 20 clients served at the clinic over monthly, quarterly and annual reporting periods.</p> <p>Service Unit Name: Initial Primary Care Visit CPT 4 Code 99211- 99213</p> <p>Service Unit Description: Each of the 20 clients that are expected to be served, will receive a comprehensive initial evaluation at the first visit to the clinic</p> <p>Units to be Provided:</p>

ATTACHMENT C
Maricopa County Department of Workforce Management and Development
Ryan White Part A Program
Phoenix, EMA
FY 2008/2009

<p>health issues within its standard primary care services.</p> <p><u>Objective 1.5:</u> SLFHC will increase by 70% the number of primary care providers that are knowledgeable of the integration of HIV/AIDS with primary care services.</p> <p><u>Objective 1.6:</u> SLFHC will improve the likelihood that we keep plwh/a in care through increasing by 50% the coordination between prevention and primary care.</p> <p><u>Objective 1.7:</u> SLFHC will increase by 70% the number of patients living with HIV/AIDS in communication with primary care providers to ensure that needs are fully met from the perspective of those diagnosed to better improve the likelihood that they will continue with their care. It is the aim to empower plwh/a to maintain their treatment regimens.</p> <p><u>Objective 1.8:</u> SLFHC will ensure that 100% of those diagnosed will have full access to integrated, consistent, accessible, culturally competent and affordable primary health care.</p> <p>Goal 2: SLFHC will assure consistency of services across all HIV/Affected communities within the Pinal County Service Area.</p>		<p>of those professional personnel that will oversee the project. In addition, the Grant Writer will play a role in developing evaluation criteria and assisting in the analysis and reporting of outcome data.</p>	<p>Initial Primary Care Visits: 20</p> <p>Narrative Measure Statement: Goal 2 will be measured by evaluating</p>
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ATTACHMENT C
Maricopa County Department of Workforce Management and Development
Ryan White Part A Program
Phoenix, EMA
FY 2008/2009

<p><u>Objective 2.1:</u> SLFHC will provide standard and uniform credentials for all primary care providers that will be addressing the needs of plwh/a individuals.</p> <p><u>Objective 2.2:</u> SLFHC will fully establish protocols for evaluating and improving quality of care from population-based and client-driven perspectives. This will ensure that a minimum of 75% of those diagnosed will be better able to provide their inputs on their care and thus ensuring that all primary care services are culturally competent.</p> <p><u>Objective 2.3:</u> SLFHC will dramatically increase by 50% the number of care choices for plwh/a populations where no such services exist in Pinal County.</p> <p><u>Objective 2.4:</u> SLFHC will develop a Referral Resource Guide to be housed in the Casa Grande Clinic to assure that those diagnosed will have a continuum of care that can be addressed beyond the primary care services of SLFHC. The long-term aim here is to increase the chances that at least 60% of those infected will have care where services are limited in the Service Area.</p> <p>Goal 3: SLFHC will ensure that all identified clients referred to its clinics and those identified through outreach will be entered into primary care.</p>	<p>Sun Life Family Health Center (for Objective 2) will ensure that all providers will be licensed according to mandates established by Ryan White.</p> <p>In addition, Sun Life will in partnership with Ryan White requirements, establish quantitative and qualitative evaluation strategies to measure process and outcome data.</p>		<p>key quality indicators that reflect the quality of services provided.</p> <p>Service Unit Name: Regular CD4 T-Cell and Viral Load Testing Current CBC and Blood Chemistry Panel Tests Regular Adherence Counseling</p> <p>Service Unit Description: These indicators will be tracked and by demonstrating that the indicators are completed in a timely fashion, quality of care services will be demonstrated</p> <p>Units to be Provided: Targets for these indicators will be established based on input from the HIV Agency upon award of the contract and based on initial baseline results for the population</p> <p>CPT 4 Codes 99212 - 99215</p>
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ATTACHMENT C
Maricopa County Department of Workforce Management and Development
Ryan White Part A Program
Phoenix, EMA
FY 2008/2009

<p><u>Objective 3.1:</u> SLFHC will assure appropriate standards of care for HIV/AIDS affected Pinal County residents and a minimum of 70 % of those referred to the Center by utilizing Public Health Guidelines for the treatment of HIV infection.</p> <p><u>Objective 3.2:</u> If funded by Ryan White, SLFHC primary care providers and support staff will increase by 50% care to the elderly, bilingual/bicultural clients, ethnic minorities, migrant workers, women, children and gay/lesbian/transgendered/bisexual populations.</p> <p><u>Objective 3.3:</u> SLFHC will continue to provide primary care and pharmacy services to 100% of clients/patients on a sliding-fee scale based formula. SLFHC will not turn away anyone because they cannot pay.</p> <p>Goal 4: SLFHC will work closely with stakeholders in conducting timely community assessments (including gap/situational analyses) for providing timely data of the HIV/AIDS affected communities in Pinal County, Arizona.</p> <p><u>Objective 4.1:</u> SLFHC will work closely with the Pinal County Health Department in the gathering and analysis of epidemiological trends every 3</p>	<p>In terms of Objective 3, Sun Life primary care providers will proactively rely upon Public Health Guidelines in treating HIV/AIDS and for prescribing effective medications.</p> <p>Sun Life will ensure that the maximum number of potential patients will be seen through the use of a sliding fee-based formula for payment so that no one is turned away from receiving clinical care.</p> <p>Evidence-based community assessment protocols will be used to ensure that</p>		<p>Narrative Measure Statement: Goal 3 will be measured by evaluating the numbers of follow-up face-to-face interactions/office visits occurring over monthly, quarterly and annual reporting periods.</p> <p>Service Unit Name: Follow-Up Primary Care Office Visits</p> <p>Service Unit Description: Follow-up Office Visits are the subsequent visits a client makes to the clinic to receive clinically appropriate follow-up care and services</p> <p>Units to be Provided: Total Follow-Up Visits: 40</p> <p>Narrative Measure Statement: Goal 4 will be measured by evaluating the number of community assessments/analysis activities completed by SLFHC.</p> <p>Service Unit Name: community assessments/analytics</p>
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ATTACHMENT C
Maricopa County Department of Workforce Management and Development
Ryan White Part A Program
Phoenix, EMA
FY 2008/2009

<p>months on HIV/AIDS in the County.</p> <p><u>Objective 4.2:</u> The SLFHC Grant Writer and providers will improve community assessment strategies through a t least 2 community-wide trainings a year for gathering and analysis of data.</p> <p><u>Objective 4.3:</u> SLFHC will develop a set of standardized quantitative/qualitative survey instruments that incorporate core values and objectives of integration, consistency, accessibility and appropriateness of instruments. This includes a standard methodology of implementation of at least 2 instruments.</p> <p><u>Objective 4.4:</u> SLFHC will request technical assistance from HRSA twice a year to help build capacity to develop proper protocols for conducting “empirical” community assessments.</p> <p>Goal 5: SLFHC will implement a strong outreach program and prevention programs that incorporates techniques of both informal and formal outreach for the purposes of identifying “hidden” and hard-to-reach populations.</p> <p><u>Objective 5.1:</u> SLFHC will increase outreach efforts by 50% to Native American, seriously mentally ill, women who want to procreate, heterosexual, gay, substance abuse,</p>	<p>annual community assessments are conducted to identify additional high-risk populations. This will include a situational (gap) analysis to determine where this no services and develop plans for collaboration that will assist in addressing those gaps in terms of providing a continuum of services.</p> <p>Sun Life will rely upon its Department of Community Outreach to develop evidence-based strategies for informal</p>		<p>Service Unit Description: Community assessments and analytics activities will cover the collection and analysis of HIV/AIDS epidemiological trend or outcomes data and information</p> <p>Units to be Provided: 1 community assessment or analytics activity every three months</p> <p>Narrative Measure Statement: Goal 4 will be measured by evaluating the amount of outreach services completed in Pinal County by SLFHC.</p>
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ATTACHMENT C
Maricopa County Department of Workforce Management and Development
Ryan White Part A Program
Phoenix, EMA
FY 2008/2009

transgender/transsexual populations.	and formal outreach to access hard-to-reach high-risk populations.		<p>Service Unit Name: Outreach efforts</p> <p>Service Unit Description: outreach efforts will include efforts to find and engage hidden or hard-to-reach populations (Native American, seriously mentally ill, women who want to procreate, heterosexual, gay, substance abuse, transgender/transsexual populations) and actively enroll them in care.</p> <p>Units to be Provided: One outreach effort/activity every three months</p>
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SUN LIFE FAMILY HEALTH CENTER, 865 NORTH ARIZOLA RD, CASA GRANDE, AZ 85222

PRICING SHEET: NIGP CODE 9487414

Terms:	NET 30
Vendor Number:	W000005779 X
Telephone Number:	520-381-0374
Fax Number:	520-381-3274
Contact Person:	Donelle Hollevoet
E-mail Address:	donelleh@slfhc.org
Contract Period:	To cover the period ending March 31, 2011 2014.

AWARD EFFECTIVE AUGUST 01, 2009